



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 9.1f

Meeting Date: December 10, 2015

Subject: Approve West Campus High School Field Trip to Phoenix, Arizona from December 17 to December 23, 2015

- Information Item Only
- Approval on Consent Agenda
- Conference (for discussion only)
- Conference/First Reading (Action Anticipated: _____)
- Conference/Action
- Action
- Public Hearing

Division: Deputy Superintendent

Recommendation: Approve West Campus High School Field Trip to Phoenix, Arizona from December 17 to December 23, 2015

Background/Rationale: On December 17 through December 23, 2015, students from West Campus High School will travel by flight to Phoenix, Arizona to attend a Nike Basketball Tournament. There will be two chaperones attending with ten students.

Financial Considerations: No cost to the district. Expenses will be paid through parent contribution and fundraising.

LCAP Goal(s): College and Career Ready Students

Documents Attached:

1. Out of State Field Trip Documents

Estimated Time of Presentation: N/A

Submitted by: Lisa Allen, Interim Deputy Superintendent
Chad Sweitzer, Area Assistant Superintendent

Approved by: Jose L. Banda, Superintendent

Sacramento City Unified School District
FIELD TRIP REQUEST FORM
(USE A SEPARATE FORM FOR EACH TRIP)

Parent Permission Form required for each student field trip, See reference distribution section for details concerning each type of trip.
School Name West Campus High School Date 11/19/15

Teacher's Name John Langston Room # _____ Telephone # 531-3529
Fax # _____

Field Trip Destination Phoenix, Arizona

Local (50 mile radius) Out-of-Town (Beyond 50 mile radius) Overnight

Out-of-State/Country Involving Swimming or Wading Unusual Activities
Route Flying out of Sacramento on Southwest/driving vans in Arizona/Coming back on Southwest

Educational nature of field trip/excursion Nike Basketball Tournament

Depart Date 12/17 Time 8:40 am Return Date 12/23/15 Time 9:45 am

TRANSPORTATION will be provided by: Walking School Bus - Contact Transportation Field Trip Office
 Chartered Bus Company Certified: yes no - Check Risk Management Web Site
 Private Vehicle - Complete Volunteer Personal Automobile Use Form for each vehicle and driver.
 Parent Driver - Must have fingerprint clearance, check with Volunteer Office.
 Faculty Driver - Complete Volunteer Personal Automobile Use Form for each vehicle and driver.
 Public Transportation Train Commercial Airline Other: _____

Funding Source Fundraising Financial Assistance Available? yes no

Number of students participating: 10

Adult Supervisors/ Drivers: DRIVER DRIVER
1) John Langston yes no 2) Linda Simmons yes no
3) Donna Bell yes no 4) Tia Perryman yes no

Teachers and Staff Attending:
1) _____ yes no 2) _____ yes no
3) _____ yes no 4) _____ yes no

Principal Approval [Signature] Date 11-19-15

Risk Management Approval (Unusual Activities) [Signature] Date 11/20/15

Segment Administrator Approval [Signature] Date 11/30/15

Distribution: Refer to Field Trip Information Form RSK 106F for the forms and distribution required for each trip:

- Local Trip: (50 mile radius) - Submit to Principal for approval. Maintain all documents at site.
- Out-Of-Town: (beyond 50 mile radius) - Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
- Overnight Trip: Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
- Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
- Trip Involving Unusual Activities (Water sports or high risk activities such as rafting, snorkeling, rock climbing, skiing, etc.) - Submit to Principal for approval then forward to Segment Administrator and Risk Management 6 weeks prior to trip. **Must purchase Special Event Liability Insurance.**
- Out-of-State/Country: Submit to Principal for approval then forward to Segment Administrator and Risk Management **SIX (6) WEEKS** prior to trip. **Must have Superintendent and Board approval prior to trip.** Segment Administrator will submit for Board Agenda. Trips not submitted to Segment Administrator 6 weeks prior to trip will be considered automatically rejected by the Board.

Maintain a copy of all forms at site for 2 years. Approved forms will be returned by Segment Administrator

Sacramento City Unified School District
**OUT-OF-STATE OR OUT-OF-COUNTRY
 TRAVEL REQUEST**

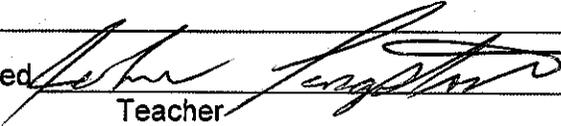
School Name West Campus High School Date 11/19/15
 Teacher's Name John Langston Room # _____ Telephone # 531-3529

Field Trip Destination Phoenix, Arizona

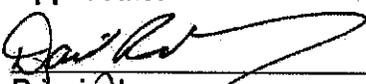
Reason for travel Nike Basketball Tournament

List unusual activities, water activities or high risk activities (examples: rafting, snorkeling, rock climbing, skiing, etc.) as a special parent waiver may be required. Submit copy of contract or waiver for review before signing. Risk management approval required.

Attach a detailed itinerary for each day: _____

Signed 
 Teacher

Approvals:

 11-19-15
 Principal Date

 11/20/15
 Risk Management Dept. Date

 11/30/15
 Segment Administrator Date

 12/1/15
 Superintendent Date

Board Approval Date _____

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

Request to Attend: <input type="checkbox"/> Conference/Workshop <input type="checkbox"/> Business Meeting	Purpose for Attending: <input type="checkbox"/> Professional Development <input type="checkbox"/> Continued Education Credits Earned	Instructions: This form must be completed and received in Accounts Payable at least 30 days prior to the proposed trip- 60 days if out-of-state. REQ # _____
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School/Department West Campus High School Date 11/19/15

Date(s) of Event December 17-23, 2015 Location Phoenix, Arizona

Event Title (attach brochure) Nike Basketball Tournament

Purpose* The varsity girls basketball team will be participating in this tournament.

*(what value does this activity give students, attendees, staff, department/site or community?) _____

How does this travel align with the District's strategic plan? _____

How will this activity/event be used and shared? _____

Name of Attendee(s) <small>(attach sheet for additional attendees)</small>	Position	Substitute (Y/N)*	No. of Days Required	Budget Code <small>(for substitute)</small>
<u>John Langston</u>	<u>Coahc</u>	<u>No</u>	<input type="checkbox"/>	
		No	<input type="checkbox"/>	
		No	<input type="checkbox"/>	
		No	<input type="checkbox"/>	
		No	<input type="checkbox"/>	

***IF A SUBSTITUTE IS NEEDED, SEND A COPY OF THIS FORM TO PERSONNEL, BOX 770 Additional Attendees Attached

Approvals: <div style="margin-bottom: 10px;"> _____ Principal/Department Head Signature & Print Name </div> <div style="margin-bottom: 10px;"> <u>11-19-15</u> _____ Date </div> <div style="margin-bottom: 10px;"> _____ Cabinet Level or Designee Signature </div> <div style="margin-bottom: 10px;"> <u>11-30-15</u> _____ Date </div> <div style="margin-bottom: 10px;"> _____ Chief Business Officer Signature </div> <div style="margin-bottom: 10px;"> <u>12/1/15</u> _____ Date </div> <div style="margin-bottom: 10px;"> _____ Superintendent or Designee Signature </div>	District cost for all attendees (estimate) Registration Fee *** <u>0.00</u> Meals included? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging <u>0.00</u> Transportation <u>0.00</u> Meals <u>0.00</u> Other <u>0.00</u> TOTAL <u>\$ 0.00</u>
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Categorical Budget Code(s): _____ \$ _____

General Fund/Unrestricted _____ \$ _____

***If any meals are included in the cost of registration, how many of each: Breakfast _____ Lunch _____ Dinner _____

Prepayment Requested: All checks will be sent to the site/department unless prior arrangements have been made (with AP) to pick up check

Requisition #	Dollar Amount
Registration Fee	_____
Hotel	_____
Airfare ****	_____
Car Rental ****	_____