



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 9.1g

Meeting Date: December 6, 2012

Subject: West Campus Nike Basketball Tournament of Champions in Phoenix, Arizona, December 18 – 23, 2012

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

Division: Area Assistant Superintendents

Recommendation: Approve West Campus Nike Basketball Tournament of Champions in Phoenix, Arizona, December 18 – 23, 2012

Background/Rationale: Ten West Campus basketball team members and three chaperones will travel via commercial airline to Phoenix, Arizona for the Nike Basketball Tournament of Champions. They depart Sacramento December 18, 2012 and return December 23, 2012. Accommodations are Arizona Grand Resort. Student athletes will gain enrichment for growth and knowledge and have exposure to professional tournament and scouts.

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

Documents Attached: Out of State Field Trip Documents

<p>Estimated Time of Presentation: N/A</p> <p>Submitted by: Lisa Allen, Area Assistant Superintendent</p> <p>Approved by: Jonathan P. Raymond, Superintendent</p>
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Sacramento City Unified School District
**OUT-OF-STATE OR OUT-OF-COUNTRY
TRAVEL REQUEST**

School Name WEST CAMPUS HIGH SCHOOL Date November 7, 2012

Teacher's Name John Langston Room # _____ Telephone # 643-7400

Field Trip Destination Phoenix, Arizona

Reason for travel Nike Basketball Tournament of Champions from Dec. 18-23, 2012

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:

[Signature] 11/9/12
Principal Date

[Signature] 11/15/12
Risk Management Dept. Date

[Signature] _____
Segment Administrator Date

[Signature] 11/15/12
Superintendent Date

Board Approval Date _____

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

Travel Request	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 11/7/12

Date(s) of Event Dec. 18-23, 2012 Location Phoenix, Arizona

Event Title (attach brochure) Nike Basketball Tournament

Purpose: (What value does this activity give to students, attendees, staff, department/site or community?) Girls Varsity Tournament for Basketball

What Board goal/priority does this travel support? Enrichment for growth/knowledge

How will this activity/event be used and shared? Exposure to professional tournament and scouts

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)*	No. of Days Required	Budget Code (for substitute)
<u>John Langston</u>	<u>Coach</u>	<u>N</u>	_____	_____
<u>John Black</u>	<u>Asst. Coach</u>	<u>N</u>	_____	_____
<u>Vanessa Blackwell</u>	<u>JV Coach</u>	<u>N</u>	_____	_____

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

Approval

[Signature] 11/9/12
Principal or Department Head Date

[Signature] _____
Associate/Assistant Superintendent Date

[Signature] 11/15/12
Deputy Superintendent/CFO Date
(per email 11-16-12)

[Signature] 11/15/12
Superintendent Date

District cost for all attendees (estimate)	
Registration Fee **	<u>0.00</u>
(Meals included? Y or N _____)	
B _____ L _____ D _____	
Lodging	_____
Transportation	_____
Meals	_____
Other	_____
TOTAL	<u>0.00</u>

Categorical Budget Code(s): _____ \$ _____

General Fund/Unrestricted _____ \$ _____

**Are any meals included in the cost of registration? How many of each: Breakfast _____ Lunch _____ Dinner _____

Prepayment Requested (All checks will be sent to the school site or can be picked up at A/P if prior arrangements have been made.)

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

*** If airfare or car rental is requested, send a copy of this form to Purchasing, Box 830

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 NOVEMBER 7, 2012

Teacher's Name John Langston Room # _____ Telephone # 643-7400
 Fax # 277-6593

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 to Phoenix, Arizona

Educational nature of field trip/excursion Nike Basketball Tournament of Champions

Depart Date 12/18/12 Time 6:00 am/pm Return Date 12/23/12 Time 1:00 am/pm

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 Fund raising Financial Assistance Available? yes no

Number of students participating: 10

Adult Supervisors/ Drivers:		DRIVER		DRIVER	
1) <u>John Langston</u>	<input type="checkbox"/> yes <input type="checkbox"/> no	2) <u>Natasha Blackwell</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
3) _____	<input type="checkbox"/> yes <input type="checkbox"/> no	4) _____	<input type="checkbox"/> yes <input type="checkbox"/> no		

Teachers and Staff Attending:

1) _____	<input type="checkbox"/> yes <input type="checkbox"/> no	2) _____	<input type="checkbox"/> yes <input type="checkbox"/> no
3) _____	<input type="checkbox"/> yes <input type="checkbox"/> no	4) _____	<input type="checkbox"/> yes <input type="checkbox"/> no

Principal Approval [Signature] Date 11/9/12

Risk Management Approval (Unusual Activities) [Signature] Date 11/15/12

Segment Administrator Approval [Signature] Date _____

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
OVERNIGHT TRIPS HOTEL ACCOMMODATIONS INFORMATION (RSK-F106H)

Hotel Name Arizona Grand Resort **Date Reserved** 11/8/12

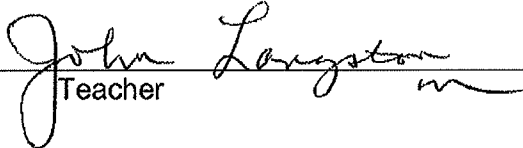
Address 8000 S. Arizona Grand Parkway **City** Phoenix **zip** 85044

Reservations Contact Person: N/A

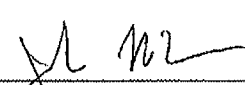
Telephone # 1-877-800-4888 **Fax #** 602-659-6350

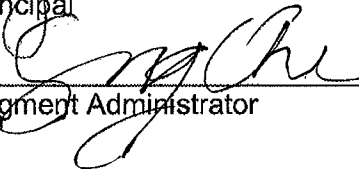
Total Rooms Reserved 4

Room #s N/A

Signed 
Teacher

Approvals:

 11/9/12
Principal Date

 _____
Segment Administrator Date