



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 10.1d

Meeting Date: April 12, 2012

Subject: Leonardo da Vinci EK-8 School Field Trip to Ashland, Oregon, June 7-9, 2012 to attend the Shakespeare Festival

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

Division: Accountability Office

Recommendation: Approve Leonardo da Vinci EK – 8 School Field Trip to Ashland, Oregon, June 7 – 9, 2012 to attend the Shakespeare Festival.

Background/Rationale: June 7 – 9, 2012 students from Leonardo da Vinci EK - 8 School's Shakespeare Club, Ellen Chapman, Sponsor, will travel via private vehicles to Ashland, Oregon to see four plays at the Shakespeare Festival. This experience will allow club members to experience acclaimed literature performed professionally, allowing them to study and enjoy *As You Like It*, *Animal Crackers*, *Romeo and Juliet*, and *Medea/Macbeth/Cinderella*. Additionally, students will attend a student tour and a workshop with one of the OSF actors. Parent drivers will provide transportation for the 20 students, 2 teacher chaperones, and 5 parent chaperones. Students will be accompanied by chaperones to all plays. All parties will depart from Leonardo da Vinci EK - 8 School on Thursday, June 7, at 9:00 a.m. and return to Leonardo da Vinci EK - 8 School Saturday, June 9, 2012, at approximately 10:30 p.m. Emergency information will accompany the students with the drivers. Students and chaperones will stay at Southern Oregon University dorms.

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

Documents Attached: Out of State Field Trip Documents

Estimated Time of Presentation: N/A

Submitted by: Sara Noguchi, Area Assistant Superintendent

Approved by: Mary Shelton, Chief Accountability Officer

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 Leonardo da Vinci eK - 8 School Date 11/16/11

Teacher's Name Ellen Chapman Room # 23 Telephone # 6496
Fax # 6806

Field Trip Destination Ashland Oregon, Shakespeare Festival

- Local (50 mile radius) Out-of-Town (Beyond 50 mile radius) Overnight
 Out-of-State/Country Involving Swimming or Wading Unusual Activities

Route see attached driver instructions

Educational nature of field trip/excursion ELA Curriculum - Enrichment, Shakespeare Club

Depart Date 6/7/12 Time 9:00 a am/pm Return Date 6/9/12 Time 11:00 p 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 Club Funds Financial Assistance Available? yes no

Number of students participating: 20

Adult Supervisors/ Drivers:	DRIVER	DRIVER
1) <u>see attached vehicle assignments</u>	<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

Teachers and Staff Attending:

1) <u>Ellen Chapman</u>	<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 3.1.18

Risk Management Approval (Unusual Activities) [Signature] Date 3/12/12

Segment Administrator Approval [Signature] Date 3.6.18

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 Leonardo da Vinci PK - 8 School Date 2/8/12

Teacher's Name Ellen Chapman Room # 23 Telephone # 277-6496

Field Trip Destination Ashland, Oregon

Reason for travel Language Arts Curriculum enhancement for Shakespeare Club members

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: see attached

Signed _____
Teacher

Approvals:

Dana Dues 3-1-12
Principal Date

Michael 3/1/12
Risk Management Dept. Date

Greg Chipp 3-6-12
Segment Administrator Date

[Signature] 3/14/12
Superintendent Date

Board Approval Date

TRAVEL REQUEST FORM (ACC-F014)
Sacramento City Unified School District

Request to Attend: <input checked="" 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: Leonardo da Vinci K - 8 School Date: 2/8/12

Date(s) of Event: June 7-9, 2012 Location: Ashland, Oregon

Event Title (attach brochure): Club Field Trip to Ashland Shakespeare Festival

Purpose*: Language Arts enhancement

*(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) (attach sheet for additional attendees)	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
<u>ELLEN CHAPMAN</u>	<u>TEACHER</u>	No		
<u>MARK SIRARO</u>	<u>TEACHER</u>	No		
		No		
		No		
		No		

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

Approvals:

Dawn Davis 3.5.12
Principal/Department Head Signature & Print Name Date

Constance Schell 3.6.12
Cabinet Level or Designee Signature Date

[Signature] 3/5/12
Chief Business Officer Signature Date

[Signature] 3/12/12
Superintendent or Designee Signature Date

District cost for all attendees (estimate)

Registration Fee ***

Meals included? B L D

Lodging

Transportation

Meals

Other

TOTAL

NO COST TO DISTRICT

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 ****	_____

Sacramento City Unified School District
OVERNIGHT TRIPS HOTEL ACCOMMODATIONS INFORMATION (RSK-F106H)

Hotel Name Southern Oregon Univ Residence Date Reserved 6/7~~9~~8/12

Address 1250 Siskiyou Bld City ASHLAND, OR zip 97520

Reservations Contact Person: Reservations Ofc. -

Telephone # 541-552-6375 Fax # 541-552-6380

Total Rooms Reserved 23

Room #s not yet assigned

Signed Mr. M. Chapman
Teacher

Approvals:

Dennis Davis 3.5.12
Principal Date
Stephanie Chubb 3.6.12
Segment Administrator Date