



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1c

Meeting Date: March 7, 2019

Subject: Approve C.K. McClatchy High School Educational Field Trip to New York, New York April 15-20, 2019

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

Division: Academic Office

Recommendation: Approve CK McClatchy High School Field Trip to New York, New York from April 15, 2019 to April 20, 2019.

Background/Rationale: On April 15, 2019 a group of 32 students, one parent chaperone and three teacher chaperone from CK McClatchy High School will travel via commercial airline to New York, NY to experience fine art at major museums, Broadway shows with interactive workshops and historic sites relevant to their studies.

Financial Considerations: No cost to the district.

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: Dr. Iris Taylor, Chief Academic Officer

Chad Sweitzer, Instructional Assistant Superintendent

Approved by: Jorge A. Aguilar, Superintendent

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

Parent Permission Form is required for each student field trip. See below reference distribution section for details concerning each type of trip.

School Name CK McClatchy High School Date 1 / 15 / 2019
 Teacher's Name Mollie Morrison Room # L6 Telephone # 916-952-6952
 Fax # _____

Field Trip Destination New York City

Local-50 mile radius (bus/walking) Local-50 mile radius (driver led trips) Out-of-Town (Beyond 50 mile radius)
(forward directly to Field Trip Office)

Overnight Out-of-State/Country Involving Swimming or Wading Unusual Activities

Route Commercial Airline/Charter Bus

Educational nature of field trip/excursion Students will experience fine art a major museums, Broadway Shows with interactive workshops and site historic sites relevant to our studies in VAPA classrooms.

Depart Date 4 / 15 / 2019 Time 8am am/pm Return Date 4 / 20 / 2019 Time 5pm am/pm

TRANSPORTATION will be provided by: Walking School Bus - contact Transportation Field Trip Office
 Charter Bus Company (certified): Yes No - Check with Field Trip Office
 Private Vehicle/Parent Driver/Faculty Driver - Complete Volunteer Personal Automobile Use Form for each vehicle and driver, must have fingerprint clearance (check with Human Resources for fingerprint clearances)
 Public Transportation Train Commercial Airline Other: _____

Funding Source _____ Financial Assistance Available? Yes No

Number of students participating: 32

Adult Chaperones/Drivers:	DRIVER		DRIVER
1) Stan Slavin	<input type="checkbox"/> yes <input checked="" 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) Mollie Morrison	<input type="checkbox"/> yes <input type="checkbox"/> no	2) Kelda Barker	<input type="checkbox"/> yes <input type="checkbox"/> no
3) Aimee Thibedeau	<input type="checkbox"/> yes <input type="checkbox"/> no	4) _____	<input type="checkbox"/> yes <input type="checkbox"/> no

Principal Approval [Signature] Date 1/23/19

Risk Management Approval (Unusual Activities) [Signature] Date 2/1/19

Segment Administrator Approval [Signature] Date 2/1/19

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

1. Local Trip (school or charter bus): (50-mile radius) - Submit to Principal for approval. Maintain all documents at site and forward a copy to Segment Administrator.
2. Local Trip: (50-mile radius: driver led, walking trip) - Submit driver led trips to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip. Submit walking trips to Principal for approval then forward to Segment Administrator for approval 2 weeks prior to trip.
3. Out-of-Town: (beyond 50-mile radius) - Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
4. Overnight Trip: Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
5. Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
6. 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 for approval 6 weeks prior to trip. This may require Special Event Liability Insurance.
7. Out-of-State/Country: Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Segment Administrator will place field trip item on Board Agenda. Trips not submitted to Segment Administrator 6 weeks prior to trip will be considered automatically rejected by the Board of Education.
8. Approved forms will be returned by Segment Administrator. Maintain a copy of all forms at site for 2 years.

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

School Name CK McClatchy Date 1 / 15 / 19
 Teacher's Name Morrison Room # L6 Telephone # 916-952-6952
 Field Trip Destination New York City

Reason for travel Our trip was designed around building student opportunity to experience first hand studied art at the Met and The Guggenheim, see Broadway shows with interactive workshops and to visit historic NYC sites like the 911 Museum & Rockefeller Center

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 to Risk Management for review before signing. Attach a detailed itinerary for each day

Signed 
 Teacher

Approvals:

 1, 23, 19
 Principal Date

 2, 1, 19
 Risk Management Dept. Date

 2, 1, 19
 Segment Administrator Date

 2, 15, 19
 Superintendent Date

1 / 1
 Board Approval Date

No cost to the district 822

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 CK McClatchy High School Date 1/31/19

Date(s) of Event April 15 -April 19 2019 Location New York City

Event Title (attach brochure) CKM VAPA New York City Field Trip

Purpose* To experience the art and theater that the VAPA students have learned through visiting museums, national monuments, Broadway shows, Theater Workshops and other historic sites

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

How does this travel align with the District's strategic plan? Providing SCUSD students with first hand experiences to amerce themselves in Fine Art and Interactive Theater workshops aligns with CA art standards and the districts strategic plan

How will this activity/event be used and shared? Students will engage in creative art experiences that they will share with classmates, teachers and the

Name of Attendee(s) <small>(attach sheet for additional attendees)</small>	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
Mollie Morrison	teacher	No		
Aimee Thibedeau	teacher	No		
Kelda Barker	teacher	No		
		No		

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

Approvals:

Jessica R. Martin 1/23/19
Principal/Department Head Signature & Print Name Date

Chris King 3/1/19
Cabinet Level or Designee Signature Date

[Signature] 2-12-19
Chief Business Officer Signature Date

[Signature] 2/15/19
Superintendent or Designee Signature Date

District cost for all attendees (estimate)

Registration Fee *** 0.00

Meals included? Yes

B L D

Lodging 0.00

Transportation 0.00

Meals 0.00

Other 0.00

TOTAL 0.00

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 ****	_____