



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 5.1a

Meeting Date: November 2, 2023

Subject: Approve Cross Country Athletics National November 2-4, 2023

- 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 Cross Country Athletics National November 2-4, 2023

Background/Rationale: On November 2, 20 students, parents, and coach are traveling to Louisville, KY to participate in the Cross Country Athletics National.

Financial Considerations: There is no cost to the district. Expenses will be paid by parents.

LCAP Goal(s): College preparedness, increasing communication and critical thinking skills.

Documents Attached:

1. Out-of-state field trip documents

<p>Estimated Time of Presentation: N/A</p> <p>Submitted by: Mary Hardin Young, Interim Deputy Superintendent David Parsh, Athletics Coordinator III</p> <p>Approved by: Lisa Allen, Interim Superintendent</p>

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 MIWOK MIDDLE Date SEP / 7 / 2023
 Teacher's Name BRYAN MORENO Room # PE/GYM Telephone # 916/947-5418
 Fax # _____
 Field Trip Destination LOUISVILLE, KENTUCKY

- 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 _____
 Educational nature of field trip/excursion CROSS COUNTRY (ATHLETICS) NATIONAL MEET

Depart Date 11 / 2 / 23 Time 5:00 am / pm Return Date 11 / 4 / 23 Time 8:00 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 PARENT/GAUCPIAN Financial Assistance Available? Yes No

Number of students participating: 20

Adult Chaperones/Drivers: Use additional forms if more than 4 names

		DRIVER				DRIVER	
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

Teachers and Staff Attending: Use additional forms if more than 4 names

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 9/8/23
 Risk Management Approval (Unusual Activities) [Signature] Date 10/10/23
 Instructional Assistant Superintendent Approval [Signature] Date 9/8/23

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

- Local Trip (school or charter bus): (50-mile radius) - Submit to Principal for approval. Maintain all documents at site and forward a copy to Instructional Assistant Superintendent for approval.
- Local Trip: (50-mile radius: driver led) - Submit driver led trips to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
- Local Trip: (wading, RT, Amtrak): Submit walking trips to Principal for approval then forward to Instructional Assistant Superintendent for approval 2 weeks prior to trip.
- Out-of-Town: (beyond 50-mile radius) - Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
- Overnight Trip: Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
- Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks 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 Instructional Assistant Superintendent for approval 6 weeks prior to trip. This may require Special Event Liability Insurance.
- Out-of-State/Country: Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Instructional Assistant Superintendent 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.
- Approved forms will be returned by Instructional Assistant Superintendent. Maintain a copy of all forms at site for 2 years
- Venue/Destination: Must comply with SCUSD COVID19 Mitigation Guidelines for all trips outside of district facilities.

Reviewed by Site Office Manager: _____ (Initials)

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

School Name Miwok Middle School Date 10 / 9 / 23

Teacher's Name Bryan Moreno Room # Gym Telephone # 916-947-5418

Field Trip Destination Louisville, KY

Reason for travel To compete in the 2023 Middle School Cross-Country Championships

All travel arrangements - flights, transfers, and lodging are being made by the family of each student.

Each student that is attending will be supervised by his/her parent or guardian. Students will meet in

Louisville, KY to participate in and compete in the US Middle School Cross Country Championships.

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:

 10 / 10 / 23
Principal Date

 10 / 10 / 23
Risk Management Dept. Date

 10 / 10 / 23
Segment Administrator Date

 10 / 10 / 23
Superintendent Date

 / /
Board Approval Date

NO COST TO DISTRICT

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 WILLOW MIDDLE SCHOOL Date 10-4-23

Date(s) of Event 11-4-23 Location LOUISVILLE, KENTUCKY

Event Title (attach brochure) _____

Purpose* ATHLETICS: CROSS COUNTRY MIDDLE SCHOOL NATIONALS

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

How does this travel align with the District's strategic plan? DEVELOPING GLOBAL STUDENTS

How will this activity/event be used and shared? TERM ATHLETICS COMPETITION

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)*	No. of Days Required	Budget Code (for substitute)
<u>BRYAN MORENO</u>		No	<u>2</u>	
		No		
		No		
		No		
		No		

Additional Attendees Attached

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

Approvals:

CRISTIN TAKAYA 10/4/23
Principal/Department Head Signature & Print Name Date

David Parsl 10/9/23
Cabinet Level or Designee Signature Date

[Signature] 10/9/23
Chief Business Officer Signature Date

[Signature] 10/4/23
Superintendent or Designee Signature Date

District cost for all attendees (estimate)

Registration Fee *** _____

Meals included? B L D

Lodging _____

Transportation _____

Meals _____

Other _____

TOTAL _____

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 ****	_____