



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1d

**Meeting Date:** May 19, 2016

**Subject:** Approve Leonardo da Vinci K-8 School Field Trip to Ashland, Oregon  
from June 7 - June 9, 2016

- 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 LDV K-8 School Field Trip to Ashland, Oregon from  
June 7, 2016 to June 9, 2016

**Background/Rationale:** On June 7 through June 9, 2016, students of the  
Shakespeare Club from LDV K-8 School will travel by car to Ashland, Oregon to attend  
a Shakespeare Festival. There will be thirteen chaperones attending with twenty-four  
students.

**Financial Considerations:** There will be 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

<p><b>Estimated Time of Presentation:</b> N/A</p> <p><b>Submitted by:</b> Lisa Allen, Interim Deputy Superintendent Mary Hardin Young, Area Assistant Superintendent</p> <p><b>Approved by:</b> Jose L. Banda, Superintendent</p>
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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 K-8 Date February 29, 2016

Teacher's Name Mark Sirard Room # 35 Telephone # 9163974409  
Fax # \_\_\_\_\_

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 I-5 North to OR-66 West

Educational nature of field trip/excursion Shakespeare Club Trip to Ashland for Shakespeare festival, view plays  
workshops with OSF staff.

Depart Date 6/7/16 Time 08:00 am/pm Return Date 6/9/16 Time 22:00 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 Shakespeare Play performance and parent Financial Assistance Available?  yes  no

Number of students participating: 24

Adult Supervisors/ Drivers: DRIVER DRIVER  
1) See Attached  yes  no 2) \_\_\_\_\_  yes  no  
3) \_\_\_\_\_  yes  no 4) \_\_\_\_\_  yes  no

Teachers and Staff Attending:  
1) See Attached  yes  no 2) \_\_\_\_\_  yes  no  
3) \_\_\_\_\_  yes  no 4) \_\_\_\_\_  yes  no

Principal Approval [Signature] Date 6/29/16

Risk Management Approval (Unusual Activities) [Signature] Date 5/11/16

Segment Administrator Approval [Signature] Date 5-6-16

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

1. **Local Trip:** (50 mile radius) - Submit to Principal for approval. Maintain all documents at site.
2. **Out-Of-Town:** (beyond 50 mile radius) - Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
3. **Overnight Trip:** Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
4. **Trip Involving Swimming or Wading:** Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
5. **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.**
6. **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 K-8 Date 02/29/2016

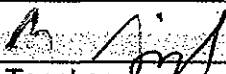
Teacher's Name Mark Sirard Room # 35 Telephone # \_\_\_\_\_

Field Trip Destination Ashland Oregon Shakespeare Festival

Reason for travel Shakespeare Club visit to Ashland Oregon for viewing of  
Shakespeare and other plays and workshops with staff.

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: \_\_\_\_\_

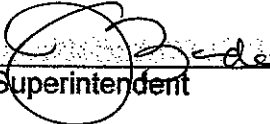
Signed   
Teacher

**Approvals:**

 4-18-16  
Principal Date

 5/1/16  
Risk Management Dept. Date

 5-6-16  
Segment Administrator Date

 5-9-16  
Superintendent Date

Board Approval Date \_\_\_\_\_

# TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

<b>Request to Attend:</b> <input checked="" type="checkbox"/> Conference/Workshop <input type="checkbox"/> Business Meeting	<b>Purpose for Attending:</b> <input type="checkbox"/> Professional Development <input type="checkbox"/> Continued Education Credits Earned	<b>Instructions:</b> This form must be completed and received in Accounts Payable at least <b>30 days</b> prior to the proposed trip- <b>60 days</b> if out-of-state.  REQ # _____
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School/Department Leonardo da Vinci Middle School Date Apr-4-2016

Date(s) of Event June 7-9, 2016 Location Ashland, Oregon Southern Oregon University

Event Title (attach brochure) Oregon Shakespeare Festival

Purpose\* School Field Trip with Shakespeare Club to view plays and attend workshops. The plays expose them to Shakespeare and theater arts. The workshops are designed to help students understand the inner workings of theater as well as performance and speaking skills.

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

How does this travel align with the District's strategic plan? This trips supports ELA and drama instruction and helps with public speaking.

How will this activity/event be used and shared? Shared with 24 students attending and used to further instruction with Shakespeare.

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>Mark Sirard</u>	<u>Teacher</u>	<u>Yes</u>	<u>3</u>	<u>01-0000-0-1102-15-1110-1000-000-0151-000</u>
<u>Jacob Croft</u>	<u>Teacher</u>	<u>Yes</u>	<u>3</u>	<u>01-0000-0-1102-15-1110-1000-000-0151-000</u>
		No		
		No		
		No		

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

<b>Approvals:</b> <div style="margin-bottom: 10px;">                  Principal/Department Head Signature &amp; Print Name <u>4/20/16</u>                  Date             </div> <div style="margin-bottom: 10px;">                  Cabinet Level or Designee Signature <u>5-6-16</u>                  Date             </div> <div style="margin-bottom: 10px;">                  Chief Business Officer Signature <u>5/6/16</u>                  Date             </div> <div>                  Superintendent or Designee Signature <u>5/9/16</u>                  Date             </div>	District cost for all attendees (estimate) Registration Fee *** <input type="text"/> Meals included? <input type="checkbox"/> No <input type="checkbox"/> Yes B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging _____ Transportation _____ Meals _____ Other _____ <b>TOTAL</b> <input type="text"/>
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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 ****	_____