



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1d

Meeting Date: March 7, 2019

Subject: Approve West Campus High School College Campus Tour Field Trip to Reno, Nevada April 3, 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 West Campus High School Field Trip to Reno, Nevada on April 3, 2019.

Background/Rationale: On April 3, 2019 a group of 49 students, one parent chaperone and four teacher chaperone from West Campus High School will travel via All West charter bus to Reno, NV for a campus tour to help prepare for college applications.

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 required for each student field trip, See reference distribution section for details concerning each type of trip.
 School Name WEST CAMPUS HIGHS SCHOOL Date 02/05/2019

Teacher's Name Ray Navarrete Room # _____ Telephone # 916-395-5171
 Fax # 916-277-6593

Field Trip Destination University of Nevada, Reno

Local (50 mile radius) Out-of-Town (Beyond 50 mile radius) Overnight
 Out-of-State/Country Involving Swimming or Wading Unusual Activities
 Route I-80 to Reno

Educational nature of field trip/excursion Campus tour for Juniors, to prepare for college applications,
as part of the Western University Exchange program

Depart Date 04/03/19 Time 8:00 am/pm Return Date 04/03/19 Time 3:00 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 West Campus for Excellence (PTSO) Financial Assistance Available? yes no

Number of students participating: 49

Adult Supervisors/ Drivers:	DRIVER		DRIVER
1) <u>Donna Dowson</u>	<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) <u>Ray Navarrete</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	2) <u>Rebecca Bendickson</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
3) <u>Mee Miranda</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	4) <u>Eric Bonilla</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no

Principal Approval [Signature] Date 2-5-19
 Risk Management Approval (Unusual Activities) [Signature] Date 2/6/19
 Segment Administrator Approval [Signature] Date 2-6-19

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**

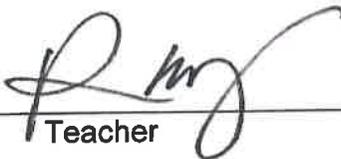
School Name West Campus Date 02 / 05 / 19

Teacher's Name Ray Navarrete Room # _____ Telephone # 916-395-5170

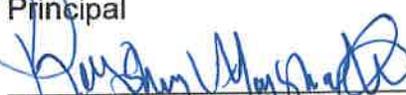
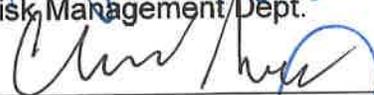
Field Trip Destination University of Nevada, Reno

Reason for travel Junior class students will tour the campus to prepare them for college, and visit a campus participating in the Western University Exchange program

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:

<u></u>	<u>2, 5, 19</u>
Principal	Date
<u></u>	<u>2/4/19</u>
Risk Management Dept.	Date
<u></u>	<u>2/9/19</u>
Segment Administrator	Date
<u></u>	<u>2, 15, 19</u>
Superintendent	Date

/ /
 Board Approval Date

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

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 # N/A

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
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School/Department West Campus high School Date Feb 1, 2019

Date(s) of Event 04/03/2019 Location University Nevada Reno, Reno, NV

Event Title (attach brochure) Trip to University Nevada, Reno

Purpose* Take 11th grade students on college tour

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

How does this travel align with the District's strategic plan? College readiness

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)
Ray Navarrete	Counselor	No		
Rebecca Bendickson	Counselor	No		
Mee Miranda	Counselor	No		
Eric Bonilla	Campus Monitor	No		
Donna Dowson	Parent	No		

Additional Attendees Attached

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

Approvals:

<i>[Signature]</i> Principal/Department Head Signature & Print Name	Date <u>2-1-19</u>
<i>[Signature]</i> Cabinet Level or Designee Signature	Date <u>2-12-19</u>
<i>[Signature]</i> Chief Business Officer Signature	Date <u>2/15/19</u>
<i>[Signature]</i> Superintendent or Designee Signature	Date

District cost for all attendees (estimate)

Registration Fee *** 0

Meals included?

B L D

Lodging _____

Transportation _____

Meals _____

Other _____

TOTAL 0

Categorical Budget Code(s): N/A \$ _____

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 ****	_____