



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1f

Meeting Date: May 3, 2018

Subject: Approve John F. Kennedy High School Field Trip to Washington, D.C.
May 24-29, 2018

- 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 John F. Kennedy High School Field Trip to Washington, D.C. from May 24-29, 2018.

Background/Rationale: On May 24, 2018, a group of 106 students, two teacher chaperones, and 15 adult/parent chaperones from John F. Kennedy High School will travel via commercial airline to Washington, DC to participate in the National Memorial Day Parade.

Financial Considerations: The total district costs for this trip will be approximately \$30,000. Funding will come from JFK funding (\$20,000) and donation funds (\$10,000).

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: Iris Taylor, Chief Academic Officer
Tu Moua Carroz, 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 John F. Kennedy High School Date 2/13/2018

Teacher's Name Jeremy Hammond Room # M1 Telephone # 9168328657
Fax # _____

Field Trip Destination Washington D.C.

Local (50 mile radius) Out-of-Town (Beyond 50 mile radius) Overnight

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

Route Bus to San Francisco International Airport - Airplane ride to Washington D.C.

Educational nature of field trip/excursion Participation in National Memorial Day Parade

Depart Date 5/24/18 Time 3:30pm am/pm Return Date 5/29/18 Time 1:19am 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 Private/Music Boosters Financial Assistance Available? yes no

Number of students participating: 106

Adult Supervisors/ Drivers: DRIVER DRIVER
1) See Addendum yes no 2) _____ yes no
3) _____ yes no 4) _____ yes no

Teachers and Staff Attending:
1) Jeremy Hammond yes no 2) Bryan Stroh yes no
3) George Miles yes no 4) Sheryl Miles yes no

Principal Approval [Signature] Date 3/14/18

Risk Management Approval (Unusual Activities) [Signature] Date 4/10/18

Segment Administrator Approval [Signature] Date 4/10/18

- 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

John F. Kennedy High School
Class: Marching Band
Teacher: Jeremy Hammond
Destination: Washington D.C.
Dates: 5/24/18 – 5/29/18

DOJ Cleared Chaperones for Washington D.C. 2018

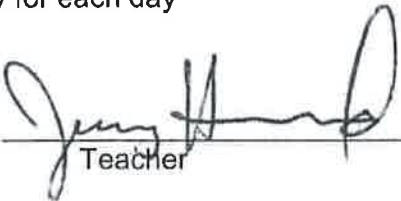
Gary Lee
Alfred Tony
Emily Bacchini
Tracy Wildemann
Linda Flanagan
Carolyn Fong
Maria-lee Rodriguez
Nancy Celeste
Marjorie Ng
Karen Albert
Karen Arakawa
Michelle Novoa-Castillo

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

School Name John F. Kennedy H.S. Date 05/24/18 to 05/29/18
 Teacher's Name Jeremy Hammond Room # M1 Telephone # 916-832-8657
 Field Trip Destination Washington D.C.

Reason for travel Performance in the National Memorial Day
 Parade. Performance on the steps of the Capitol


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:

 3 / 14 / 18
 Principal Date

 4 / 10 / 18
 Risk Management Dept. Date

 4 / 10 / 18
 Segment Administrator Date

 7 / 13 / 18
 Superintendent Date

/ /
 Board Approval Date

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 John F. Kennedy High School Date 03/15/2018

Date(s) of Event 05/24/18 to 05/29/18 Location Washington, D.C.

Event Title (attach brochure) National Memorial Day Parade

Purpose* John F. Kennedy Marching Band will be participating in the National Memorial Day Parade in Washington D.C.

*(what value does this activity give students, attendees, staff, department/site or community?)
Every student is equally important in a band performance.

How does this travel align with the District's strategic plan?
Students will represent CA on a national level

How will this activity/event be used and shared?
Students will represent CA on a national level

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
Jeremy Hammond	Teacher	Yes	3	01-0000-0-1102-15-1110-1000-
Bryan Stroh	Teacher	Yes	3	000-0525-000
George Miles	parent/community member	No	0	
Sheryl Miles	parent/community member	No	0	
Gary Lee	parent/community member	No	0	

(See attached for additional names) Additional Attendees Attached
 **IF A SUBSTITUTE IS NEEDED, SEND A COPY OF THIS FORM TO PERSONNEL, BOX 770

Approvals. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 80%;"> <p> _____ Principal/Department Head Signature & Print Name</p> <p> _____ Cabinet Level or Designee Signature</p> <p> _____ Chief Business Officer Signature</p> <p> _____ Superintendent or Designee Signature</p> </div> <div style="width: 15%; text-align: center;"> <p><u>3/23/18</u> Date</p> <p><u>4/10/18</u> Date</p> <p><u>4/12/18</u> Date</p> <p><u>4/13/18</u> Date</p> </div> </div>	District cost for all attendees (estimate) Registration Fee *** _____ Meals included? <input type="checkbox"/> No B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging <u>15,000.00</u> Transportation <u>15,000.00</u> Meals _____ Other _____ TOTAL <u>30,000.00</u>
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Categorical Budget Code(s): 01-9125-0-5235-00-1958-1000- \$ 10,000.00
000-0525-000
 General Fund/Unrestricted 01-0000-0-5235-00-1958-1000- \$ 20,000.00
000-0525-000

***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	<u>V18-01792</u>	<u>15,000.00</u>
Hotel	<u>V18-01792</u>	<u>15,000.00</u>
Airfare ****	_____	_____
Car Rental ****	_____	_____