

## SACRAMENTO CITY UNIFIED SCHOOL DISTRICT **BOARD OF EDUCATION**

Agenda Item 10.1f

Meeting Date: June 1, 2017
<u>Subject</u> : Approve John F. Kennedy High School Field Trip to Japan from June 16-28, 2017
<ul> <li>☐ Information Item Only</li> <li>☐ Approval on Consent Agenda</li> <li>☐ Conference (for discussion only)</li> <li>☐ Conference/First Reading (Action Anticipated:)</li> <li>☐ Conference/Action</li> <li>☐ Action</li> <li>☐ Public Hearing</li> </ul>
<u>Division</u> : Deputy Superintendent
<u>Recommendation</u> : Approve John F. Kennedy High School Field Trip to Japan from June 16, 2017 – June 28, 2017.
<b>Background/Rationale</b> : On June 16, 2017 – June 28, 2017, students from John F. Kennedy High School will travel by commercial airline to Japan to visit Ehime University Senior High School and learn the Japanese culture.
<u>Financial Considerations</u> : There is no cost to the District. Expenses are paid through parent contributions.
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: Lisa Allen, Deputy Superintendent

Tu Carroz, Area Assistant Superintendent

Approved by: José L. Banda, Superintendent

### Sacramento City Unified School District

# FIELD TRIP REQUEST FORM (USE A SEPARATE FORM FOR EACH TRIP)

Parent Permission Form required for <u>each</u> student field trip, See reference distribution section for details concerning each type of trip. School Name John F. Kennedy High School Date 4/20/2017
Teacher's Name Tadashi Suzuki Room # C-208 Telephone #7148157765 Fax #
Field Trip Destination Japan
☐ Local (50 mile radius) ☐ Out-of-Town (Beyond 50 mile radius) ☐ Overnight
Out-of-State/Country Involving Swimming or Wading Unusual Activities  Route Tokoyo to Matsuyamato to Hiroshima to Osaka to Kyoto to Tokyo
Educational nature of field trip/excursion Visiting Sister City and Ehime University Senior High School, Japanese
Culture
Depart Date 6/16/2017 Time 3:55 p.m. am/pm Return Date 6/28/2017 Time 1:45 pm 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: walking
Funding Source Parents Financial Assistance Available? yes no
Number of students participating:
Adult Supervisors/ Drivers: DRIVER DRIVER
1) Christine Umeda
Teachers and Staff Attending:
1) Tadashi Suzuki
Risk Management Approval (Unusual Activities) August Management Approval (Unusual Activities)
Segment Administrator Approval
Distribution: Refer to Field Trip Information Form RSK 196F for the forms and distribution required for each trip:
<ol> <li>Local Trip: (50 mile radius) - Submit to Principal for approval. Maintain all documents at site.</li> <li>Out-Of-Town: (beyond 50 mile radius) - Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.</li> <li>Overnight Trip: Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.</li> <li>Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.</li> <li>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.</li> </ol>
<ol> <li>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.</li> </ol>

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

School Name John F. Kennedy High School		Date 4/20/2017
Teacher's Name Tadashi Suzuki	Room # C-208	Telephone #7148157765
Field Trip Destination		-
Reason for travel Visit Sister City Matsu	yama, Japan and	Ehime University Senior
High School. Group is planning to do s	ome home-stays	with Ehime University
High School student's family in Matsuya	ma, Japan.	
List unusual activities, water activities or high rock climbing, skiing, etc.) as a special paren contract or waiver for review before signing.	nt waiver may be	required. Submit copy of
n/a		
Attach a detailed itinerary for each day: see	e attached	
Signed Tadash Sugula Ta	dashi Suzuki	
Approvals:  Principal  Risk Management Dept.  Segment Administrator  Superintendent	4/20/201 Date  Date  LDate  5/4/17  Date	7
Board Approval Date		

### TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

Request to Attend:	Purpose for Attending:			Instructions: This form must be completed and received in Accounts Payable at least 30 days prior to the			11-11-11		
Conference/Workshop		al Development		proposed trip- 60 days if out-of-state.					
Business Meeting	Continued	Continued Education Credits Earned			REQ#				
chool/Department JF Kennedy High	h School			-	Date 4/20/2017				
pate(s) of Event June 16 - 28, 2017		Location Tokoyo							
	/elcome to Sacramento								
Visit Sister City Matsuyan urpose* student's family in Matsuy	na, Japan and Ehime Ui ama, Japan.	niversity Senior High Scho	ool. Plan is to som	e home-slays with E	hime University High School				
(what value does this activity give stu	dents, attendees, staff, d	partment/site or commun	ity?j						
ow does this travel align with the DI	strict's strategic plan?								
low will this activity/event be used a	ind shared?								
Name of Attendee(s) (attach sheet for additional a		Position	Substitute N (Y/N)* *	lo, of Days Required	Budget Code (for substitute)				
Tadashi Suzuki	Teac	her	No	n/a	Non-recognising of				
			No						
			No						
			No No						
				L LAdditi	onal Attendees Attached				
"IF A SUBSTITUTE IS NEEDED.	SEND A COPY OF THE	S FORM TO PERSONNE			endees (estimate)				
Approvals:	N	4/20	119		ration Fee *** 0				
rincipa Department Head Sign	natura & Print Name	- I - Dot	1'1	Meals include	d? 🖃				
y micipal/Department Head Sign	nature at thin Hanto	CIA		вГ ∟Г	DГ				
Cabinet Level or Designee Sign	naturo	Dale	11-1	_odging 0					
Cabinet Level of Designee Sign	lature	1/ 5/3	1 1	Transportation ()					
Chief Bueiness Office Signatur	e	bate	1-11-1	Meals 0					
& Kada		5	4/17	Other 0					
Superintendent or Designee Sig	gnature	Date		TOTAL					
				\$					
Categorical	Budget Code(s)								
General Fund/Unrestricted				\$	0				
***If any meals are included in th			reakfast		Dinner				
Prepayment Requested: All che	cks will be sent to the				(with AP) to pick up check				
		Requisition #		Dollar Amount					
Registration Fee			0						
Hotel									
Airfare **** Car Rental ****									
		of Albin Server Av. D. and a	ina Pay 930						
**** If airfare or car rental is req	uested, send a copy	of this form to Purchas ACC-F014	ang, box 830		Page				