



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1h

**Meeting Date:** April 21, 2016

**Subject:** Approve Albert Einstein Middle School Field Trip to Ashland, Oregon,  
from June 8 - 10, 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 A. Einstein Middle School Field Trip to Ashland, Oregon  
June 8-10, 2016

**Background/Rationale:** June 8-10, 2016, a group of 40 students, and four teacher chaperones from A. Einstein Middle School will travel via chartered bus to Ashland, Oregon, to see plays at the Oregon Shakespeare Festival. Students will experience acclaimed literature and professionally performed art, allowing them to study and enjoy Shakespeare's works. Additionally, students will participate in enrichment activities by attending workshops provided by the theater company to deepen understanding and provide hands on role-playing. The students and chaperones will be housed in the dorms at Southern Oregon University.

**Financial Considerations:** No cost to the district. Expenses paid through parent contribution. Associated Student Body funds were made available for students in need.

**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, Interim Deputy Superintendent  
Olga Simms, Area Assistant Superintendent

**Approved by:** José Banda, 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 Albert Einstein Date 3/1/2016

Teacher's Name Marie Rodriguez Room # 18 Telephone # 595-4854  
Fax # 228-5813

Field Trip Destination Ashland, Oregon/Southern Oregon University

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

Route Interstate 5

Educational nature of field trip/excursion Students will be attending two plays and staying in college dorms

Depart Date 6/8/16 Time 7:15am (am) Return Date 6/10/16 Time 2pm (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 Students Financial Assistance Available?  yes  no

Number of students participating: 40

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

- Teachers and Staff Attending:  
1) Marie Rodriguez  yes  no 2) Anna Ruggiero  yes  no  
3) Gary Kretzschmar  yes  no 4) Gio Boone  yes  no

Principal Approval [Signature] Date 3.3.16

Risk Management Approval (Unusual Activities) [Signature] Date 3/1/16

Segment Administrator Approval [Signature] Date 3/30/16

- 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 Albert Einstein Middle School Date 3/1/2016

Teacher's Name Marie Rodriguez Room # 18 Telephone # 535-4854

Field Trip Destination Ashland, Oregon

Reason for travel Students will attend two plays and learn about theater, play production and Shakespeare.

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: attached

Signed Marie Rodriguez Marie Rodriguez 3/3/16  
 Teacher

Approvals: [Signature] 3/3/16  
 Principal Date

[Signature] 3/1/16  
 Risk Management Dept. Date

[Signature] 3/1/16  
 Segment Administrator Date

[Signature] 4/4/16  
 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 checked="" 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 30 days prior to the proposed trip, 60 days if out of state.
		REQ # _____

School/Department ALBERT EINSTEIN Date Mar 3, 2016

Date(s) of Event JUNE 8-10, 2016 Location ASHLAND OREGON/ SOUTHERN OREGON UNIVERSITY

Event Title (attach brochure) OREGON SHAKESPEARE FESTIVAL

Purpose\* STUDENTS WILL EXPERIENCE LIVE PERFORMANCES OF SHAKESPEARE PLAYS AS WELL AS HAVE THE EXPOSURE TO A COLLEGE CAMPUS.

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

How does this travel align with the District's strategic plan? PILLAR 1- COLLEGE AND CAREER READY STUDENTS

How will this activity/event be used and shared? DIRECT INTERACTION WITH STUDENTS DURING THE TRIP

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)* *	No. of Days Required	Budget Code (for substitute)
MARIE RODRIGUEZ	TEACHER	Yes	2	01-0007-0-1102-15-1110-1000-000-0410-000
GARY KRETZSCHMAR	TEACHER	Yes	2	01-0007-0-1102-15-1110-1000-000-0410-000
ANNA RUGGIERO	TEACHER	Yes	2	01-0007-0-1102-15-1110-1000-000-0410-000
GIOVANNI BOONE	TEACHER	Yes	2	01-0007-0-1102-15-1110-1000-000-0410-000
		No		

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

**Approvals:** *[Signature]* 3.4.16  
 Principal/Department Head Signature & Print Name \_\_\_\_\_ Date \_\_\_\_\_  
*[Signature]* 3/30/16  
 Cabinet Level or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_  
*[Signature]* 3/31/16  
 Chief Business Officer Signature \_\_\_\_\_ Date \_\_\_\_\_  
*[Signature]* 4/4/16  
 Superintendent or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

District cost for all attendees (estimate)

Registration Fee \*\*\* 0.00

Meals included?  Yes

B  L  D

Lodging 0.00

Transportation 0.00

Meals 0.00

Other 0.00

**TOTAL \$ 0.00**

Categorical Budget Code(s): \_\_\_\_\_ \$ \_\_\_\_\_  
 General Fund/Unrestricted \_\_\_\_\_ \$ \_\_\_\_\_

\*\*\*If any meals are included in the cost of registration, how many of each: Breakfast 2 Lunch 3 Dinner 2

**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 ****	_____