



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1h

Meeting Date: February 15, 2018

Subject: Approve Albert Einstein Middle School Field Trip to Washington D.C.,
March 19-23, 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 Albert Einstein Middle School Field Trip to Washington, D. C. from March 19, 2018 to March 23, 2018.

Background/Rationale: On March 19, 2018 a group of 22 students and three teacher chaperones from Einstein Middle School will travel via commercial airline to Washington D.C. They will explore the nation’s most important historic sites and experience first-hand what they have been learning in school.

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: 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 Albert Einstein Middle School Date December 12, 2017

Teacher's Name Anna Ruggiero, Amie Leas and Thomas McKenna Room # 67 Telephone # 916-395-5310
Fax # _____

Field Trip Destination Washington DC

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

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

Route Sacramento International Airport to Dulles International Airport in Washington DC. Charter Bus to hotel and all other activities

Educational nature of field trip/excursion 8th grade US History Curriculum Enrichment

Depart Date 3/19/18 Time 5am am/pm Return Date 3/23/18 Time 11pm 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 Parent/Student Paid Financial Assistance Available? yes no

Number of students participating: 22

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

Teachers and Staff Attending:
1) Anna Ruggiero yes no 2) Amie Leas yes no
3) Thomas McKenna yes no 4) _____ yes no

Principal Approval [Signature] Date 1/12/18

Risk Management Approval (Unusual Activities) [Signature] Date 1/29/18

Segment Administrator Approval [Signature] Date 2-1-18

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

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

School Name ALBERT EINSTEIN Date 1 / 12 / 18
 Teacher's Name ANNA RUGGIERO Room # 67 Telephone # 395-5310
 Field Trip Destination WASHINGTON DC

Reason for travel ANNUAL 8TH GRADE US HISTORY TRIP TO
 EXPLORE THE NATIONAL CAPITAL. GUIDED TOUR
 WILL INCLUDE WALL MONUMENT, WHITE HOUSE, CONGRESS
 FORD'S THEATER, 9/11 MEMORIAL SITE AND OTHERS

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 *Anna Ruggiero* 1/12/18
 Teacher

Approvals:
Michael Holt 1/12/18
 Principal Date
[Signature] 1/29/18
 Risk Management Dept. Date
[Signature] 2/1/18
 Segment Administrator Date
[Signature] 2/5/18
 Superintendent Date

 Board Approval Date

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

Request to Attend: <input checked="" type="checkbox"/> Conference/Workshop <input type="checkbox"/> Business Meeting	Purpose for Attending: <input checked="" 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 ALBERT EINSTEIN MIDDLE SCHOOL Date 1/17/18

Date(s) of Event MRCH 19-23, 2018 Location WASHINGTON, DC

Event Title (attach brochure) 2018 WASHINGTON DC FIELD TRIP

Purpose* STUDENTS WILL EXPLORE THE NATION'S MOST IMPORTANT HISTORIC SITES AND EXPERIENCE FIRST HAND WHAT THEY HAVE BEEN LEARNING IN SCHOOL.

* (what value does this activity give students, attendees, staff, department/site or community?)
 How does this travel align with the District's strategic plan? SAFE, EMOTIONALLY HEALTHY AND ENGAGED STUDENTS. PROVIDE ADDITIONAL OPPORTUNITIES FOR HIGH QUALITY LEARNING.

How will this activity/event be used and shared? This activity will be used to bring history alive to the 8th grade students enrolled in US history.

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>
Anna Ruggiero	Teacher	Yes	5	01-0007-0-1102-15-1110-1000-000-0410-000
Amie Leas	Teacher	Yes	5	01-0007-0-1102-15-1110-1000-000-0410-000
Thomas McKenna	Teacher	No		
		No		
		No		

Additional Attendees Attached

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

Approvals: <div style="margin-bottom: 10px;"> Principal/Department Head Signature & Print Name <u>Michael Holt</u> </div> <div style="margin-bottom: 10px;"> Cabinet Level or Designee Signature <u>_____</u> </div> <div style="margin-bottom: 10px;"> Chief Business Officer Signature <u>_____</u> </div> <div> Superintendent or Designee Signature <u>_____</u> </div>	District cost for all attendees (estimate) Registration Fee *** 0.00 Meals included? <input checked="" type="checkbox"/> Yes B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging <u>0.00</u> Transportation <u>0.00</u> Meals <u>0.00</u> Other <u>0.00</u> TOTAL \$ 0.00
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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 ****	_____