



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1i

Meeting Date: March 15, 2018

Subject: Approve C.K. McClatchy High School Field Trip to Ashland, Oregon
April 6-8, 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 C.K. McClatchy High School Field Trip to Ashland, Oregon from April 6, 2018 to April 8, 2018.

Background/Rationale: On April 6, 2018 a group of two students, one parent chaperone and one teacher chaperone from C.K. McClatchy High School will travel via private vehicle to Ashland, Oregon to participate in the National Parliamentary Debate Tournament of Champions.

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

Mary Hardin Young, 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 is required for each student field trip. See below reference distribution section for details concerning each type of trip.

School Name CKM Date 2 / 20 / 18

Teacher's Name Stephen Goldberg Room # _____ Telephone # 916.712.0782
 Fax # 551.2196

Field Trip Destination Ashland High School

Local-50 mile radius (bus/walking) Local-50 mile radius (driver led trips) Out-of-Town (Beyond 50 mile radius)
(forward directly to Field Trip Office)

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

Route I-5N to OR 66 to Mountain Ave to Ashland High

Educational nature of field trip/excursion debate tournament

Depart Date 4 / 6 / 18 Time 8am am/pm Return Date 4 / 8 / 18 Time 10pm am/pm

TRANSPORTATION will be provided by: Walking School Bus - contact Transportation Field Trip Office
 Charter Bus Company (certified): Yes No - Check with Field Trip Office
 Private Vehicle/Parent Driver/Faculty Driver - Complete Volunteer Personal Automobile Use Form for each vehicle and driver, must have fingerprint clearance (check with Human Resources for fingerprint clearances)
 Public Transportation Train Commercial Airline Other: parents driving own child

Funding Source CKM Debate Boosters Financial Assistance Available? Yes No

Number of students participating: 2

Adult Chaperones/Drivers:	DRIVER		DRIVER
1) <u>Laura Mahoney</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>Stephen Goldberg</u>	<input checked="" type="checkbox"/> yes <input 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

Principal Approval [Signature] Date 2/23/18

Risk Management Approval (Unusual Activities) [Signature] Date 2/27/18

Segment Administrator Approval [Signature] Date 2/26/18

- Distribution:** Refer to the Field Trip Information Form RSK 106F for the forms and distribution required for each trip:
- Local Trip (school or charter bus): (50-mile radius) - Submit to Principal for approval. Maintain all documents at site and forward a copy to Segment Administrator.
 - Local Trip: (50-mile radius: driver led, walking trip) - Submit driver led trips to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip. Submit walking trips to Principal for approval then forward to Segment Administrator for approval 2 weeks prior to trip.
 - Out-of-Town: (beyond 50-mile radius) - Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
 - Overnight Trip: Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
 - Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
 - Trip Involving Unusual Activities (Water sports or high risk activities such as rafting, snorkelling, rock climbing, skiing, etc.) - Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip. This may require Special Event Liability Insurance.
 - Out-of-State/Country: Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Segment Administrator will place field trip item on Board Agenda. Trips not submitted to Segment Administrator 6 weeks prior to trip will be considered automatically rejected by the Board of Education.
 - Approved forms will be returned by Segment Administrator. Maintain a copy of all forms at site for 2 years.



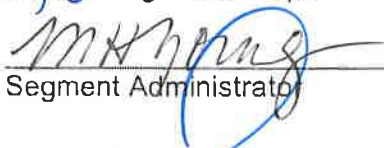

Sacramento City Unified School District
**OUT-OF-STATE OR OUT-OF-COUNTRY
TRAVEL REQUEST**

School Name CK McClatchy Date 02 / 25 / 18
Teacher's Name Stephen Goldberg Room # _____ Telephone # 9167120782
Field Trip Destination Ashland High School, Ashland OR
Reason for travel Parimentary Debate Tournament of
Champions

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:

 2 / 26 / 18
Principal Date
 2 / 27 / 18
Risk Management Dept. Date
 2 / 26 / 18
Segment Administrator Date
 3 / 2 / 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.
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School/Department CK McClatchy Date February 23, 2018

Date(s) of Event 4/7 - 4/8/18 Ashland High School, Ashland OR
Event Title (attach brochure) Parliamentary Debate Tournament of Champions

Purpose Coach CK McClatchy's debate team

(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 and Career Ready Students

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)
<u>Stephen Goldberg</u>	<u>Debate Coach</u>	No		
		No		
		No		
		No		
		No		

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

Approvals:

Principal/Department Head Signature & Print Name <u>[Signature]</u> Date <u>2/26/18</u>	District cost for all attendees (estimate) Registration Fee *** <u>0</u> Meals Included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging <u>0</u> Transportation <u>0</u> Meals <u>0</u> Other <u>0</u> TOTAL <u>0</u>
Cabinet Level or Designee Signature <u>[Signature]</u> Date <u>2/26/18</u>	
Chief Business Officer Signature <u>[Signature]</u> Date <u>2/27/18</u>	
Superintendent or Designee Signature <u>[Signature]</u> Date <u>3/2/18</u>	

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 ****	