



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1i

Meeting Date: February 15, 2018

Subject: Approve C.K. McClatchy High School Field Trip to Ashland, Oregon,
March 15-17, 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 March 15, 2018 to March 17, 2018.

Background/Rationale: On March 15, 2018 a group of 40 students and four teacher chaperones from C.K. McClatchy High School will travel via charter bus to Ashland, Oregon to the Oregon Shakespeare Festival. Students in the Humanities Program will be exposed to great theater.

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 C.K. McClatchy Date 01 / 08 / 2018
 Teacher's Name Tim Douglas Room # 212 Telephone # 2644400
 Fax # 2644499

Field Trip Destination Oregon Shakespeare Festival

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 15 north to Ashland exit

Educational nature of field trip/excursion Great theater

Depart Date 03 / 15 / 2018 Time 9am am/pm Return Date 03 / 17 / 2018 Time 4pm 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: _____

Funding Source parents Financial Assistance Available? Yes No

Number of students participating: 40

Adult Chaperones/Drivers:	DRIVER		DRIVER
1) _____	<input 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

Teachers and Staff Attending:
 1) Tim Douglas yes no 2) Theresa Oram yes no
 3) Brett Limonoff yes no 4) Bridgett Martinez yes no

Principal Approval [Signature] Date 1/12/18

Risk Management Approval (Unusual Activities) [Signature] Date 1/24/18

Segment Administrator Approval [Signature] Date 1/24/18

- 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, snorkeling, 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 C.K. McClatchy Date 01 / 08 / 2018

Teacher's Name Tim Douglas Room # 212 Telephone # 5489558

Field Trip Destination Oregon Shakespeare Festival

Reason for travel See great theater to augment humanities curriculum

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:

 1 / 12 / 18
Principal Date

 1 / 24 / 18
Risk Management Dept. Date

 1 / 25 / 18
Segment Administrator Date

 1 / 30 / 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 C.K. McClatchy High School Date 3/15/18

Date(s) of Event 3/15-3/17/2018 Location Ashland, Oregon Shakespeare Festival

Event Title (attach brochure) Oregon Shakespeare Festival

Purpose* Expose students in Humanities Program to great theater

*(what value does this activity give students, attendees, staff, department/site or community?)
 How does this travel align with the District's strategic plan? Powerfull Teaching and Learning

How will this activity/event be used and shared? _____

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>
Tim Douglas	teacher	Yes <input type="checkbox"/>	2	3114 HISP
Theresa Oram	teacher	No <input type="checkbox"/>		
Bridgett Martinez	teacher	No <input type="checkbox"/>		
Brett Limonoff	teacher	No <input type="checkbox"/>		
		No <input type="checkbox"/>		

Additional Attendees Attached

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

Approvals: Principal/Department Head Signature & Print Name _____ Date <u>1/17/18</u> Cabinet Level or Designee Signature _____ Date <u>1/25/18</u> Chief Business Officer Signature _____ Date <u>1/26/18</u> Superintendent or Designee Signature _____ Date <u>1/28/18</u>	District cost for all attendees (estimate) Registration Fee *** <u>0</u> Meals Included? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging _____ Transportation _____ Meals _____ Other _____ TOTAL <u>0</u>
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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 ****	_____	_____