



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1i

**Meeting Date:** October 18, 2018

**Subject:** Approve C. K. McClatchy High School Field Trip to Las Vegas, Nevada  
October 25-28, 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 Las Vegas, NV  
from October 25, 2018 to October 28, 2018

**Background/Rationale:** On October 25, 2018 a group of six students, one parent chaperone and one adult chaperone from C. K. McClatchy High School will travel via commercial airline to Las Vegas, NV to participate in The Meadows Tournament at The Meadows School in Las Vegas, NV.

**Financial Considerations:** No cost to the district.

**LCAP Goal(s):** College, Career and Life Ready Graduates

**Documents Attached:**

1. Out of State Field Trip Documents

**Estimated Time of Presentation:** N/A

**Submitted by:** Dr. 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 is required for each student field trip. See below reference distribution section for details concerning each type of trip.

School Name CK McClatchy / /  
 9/14/18 Date  
 Teacher's Name Stephen Goldberg Room # \_\_\_\_\_ Telephone # 9167120782  
 Fax # 9165512195

Field Trip Destination Meadows School, Las Vegas, NV

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 Fly from Sacramento to Las Vegas, shuttles to hotel and to and from tournament Educational nature of field trip/excursion Debate tournament

Depart Date 10 / 25 / 18 Time 5:00 pm am/pm Return Date 10 / 28 / 18 Time 8:00 pm 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 CKM Debate Boosters Financial Assistance Available?  Yes  
 No

Number of students participating: 6

Adult Chaperones/Drivers: DRIVER DRIVER

1) Thuy Dao yes  no 2) \_\_\_\_\_ yes no  
 3) \_\_\_\_\_ yes no 4) \_\_\_\_\_ yes no

Teachers and Staff Attending:

1) Stephen Goldberg yes  no 2) \_\_\_\_\_ yes no  
 3) \_\_\_\_\_ yes no 4) \_\_\_\_\_ yes no

Principal Approval [Signature] Date 9/24/18

Risk Management Approval (Unusual Activities) [Signature] Date 9/27/18

Segment Administrator Approval [Signature] Date 9-25-18

Distribution: Refer to the Field Trip Information Form RSK 106F for the forms and distribution required for each trip:

1. 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.
2. 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.
3. Out-of-Town: (beyond 50-mile radius) - Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
4. Overnight Trip: Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
5. Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
6. 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.
7. 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.
8. Approved forms will be returned by Segment Administrator. Maintain a copy of all forms at site for 2 year


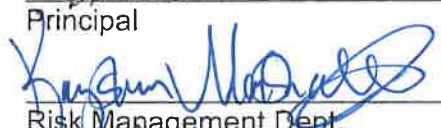


Sacramento City Unified School District  
**OUT-OF-STATE OR OUT-OF-COUNTRY  
 TRAVEL REQUEST**

School Name CK McClatchy Date 9 / 16 / 18  
 Teacher's Name Stephen Goldberg Room # \_\_\_\_\_ Telephone # 9167120782  
 Field Trip Destination Meadows School, Las Vegas, NV  
 Reason for travel Debate tournament

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:**

 9/24/18  
 Principal Date  
 9/27/18  
 Risk Management Dept. Date  
 9/25/18  
 Segment Administrator Date  
 10/1/18  
 Superintendent Date

\_\_\_\_\_  
 Board Approval Date

## TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

<b>Request to Attend:</b> <input type="checkbox"/> Conference/Workshop <input type="checkbox"/> Business Meeting	<b>Purpose for Attending:</b> <input 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 <b>30 days</b> prior to the proposed trip- <b>60 days</b> if out-of-state.  REQ # _____
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School/Department C. K. McClatchy Date 9-16-18

Date(s) of Event 10/25/18-10/28/18 Location Meadows School, Las Vegas NV

Event Title (attach brochure) Debate Tournament

Purpose\* Debate Tournament

\*(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)
Stephen Goldberg	Debate Coach	No		
		No		
		No		
		No		
		No		

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

<b>Approvals:</b> _____ <u>9/24/18</u> Principal/Department Head Signature & Print Name Date _____ <u>9-25-18</u> Cabinet Level or Designee Signature Date _____ _____ Chief Business Officer Signature Date _____ <u>10/2/18</u> Superintendent or Designee Signature Date	District cost for all attendees (estimate) Registration Fee *** <u>0.00</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>0.00</u>
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Categorical Budget Code(s): n/a \$ \_\_\_\_\_  
 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 ****	_____

\*\*\*\* If airfare or car rental is requested, send a copy of this form to Purchasing, Box 830