



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1j

Meeting Date: April 21, 2016

Subject: Approve John F. Kennedy High School Field Trip to Washington, D.C.,
from May 5 – May 11, 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 John F. Kennedy Field Trip to Washington, DC from May 5, 2016 – May 11, 2016.

Background/Rationale: On May 5, 2016 – May 11, 2016, students from John F. Kennedy will travel by airplane to Washington, DC to learn about the United States system of government and history.

Financial Considerations: There is no cost to the District. Expenses are paid through parent contributions and fundraising.

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
Tu Moua-Carroz, Area Assistant Superintendent

Approved by: Jose L. Banda, Superintendent

Sacramento City Unified School District
FIELD TRIP REQUEST FORM
 (USE A SEPARATE FORM FOR EACH TRIP)

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DC.

Parent Permission Form required for each student field trip, See reference distribution section for details concerning each type of trip.
 School Name John F. Kennedy High School Date 01/05/16

Teacher's Name Christoffer Herner Room # E-8 Telephone # 433-5528
 Fax # 433-5594

Field Trip Destination Washington D.C.

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

Route Sacramento to Washington D.C.

Educational nature of field trip/excursion Students will learn about our system of governance and history

Depart Date 05/05/16 Time 6:00am am/pm Return Date 05/11/16 Time 8:00pm 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 Fundraising / Students Financial Assistance Available? yes no

Number of students participating: 21

- | | | | |
|--------------------------------|--|--------------------------|--|
| Adult Supervisors/ Drivers: | DRIVER | | DRIVER |
| 1) <u>Ofc. Rosalia Cabrera</u> | <input type="checkbox"/> yes <input type="checkbox"/> no | 2) <u>Ofc. Eric Fong</u> | <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>Christoffer Herner</u> | <input type="checkbox"/> yes <input type="checkbox"/> no | 2) <u>Kristen Goding</u> | <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 1/14/16
 Risk Management Approval (Unusual Activities) _____ Date _____
 Segment Administrator Approval [Signature] Date 1/17/16

- Distribution: Refer to Field Trip Information Form RSK 106F for the forms and distribution required for each trip:
- Local Trip:** (50 mile radius) - Submit to Principal for approval. Maintain all documents at site.
 - Out-Of-Town:** (beyond 50 mile radius) - Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
 - Overnight Trip:** Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
 - Trip Involving Swimming or Wading:** Submit to Principal for approval then forward to Segment Administrator 10 days 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 and Risk Management 6 weeks prior to trip. **Must purchase Special Event Liability Insurance.**
 - 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

1/15/16

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

School Name John F. Kennedy High School Date 01/05/16

Teacher's Name Christoffer Herner Room # E-8 Telephone # 433-5528

Field Trip Destination Washington D.C.

Reason for travel Students will learn about our system of governance and history

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: See attached

Signed 
Teacher

Approvals:

 1/14/16
Principal Date

 _____
Risk Management Dept. Date

 1/11/16
Segment Administrator Date

 1/11/16
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 John F. Kennedy High School Date Jan 5, 2016

Date(s) of Event 05/05/16-05/11/16 Location Washington, D.C.

Event Title (attach brochure) Field trip to Washington D.C.

Purpose* Students will learn about our system of governance and history

*(what value does this activity give students, attendees, staff, department/site or community?)
 How does this travel align with the District's strategic plan? Students will be career and college ready

How will this activity/event be used and shared? Students will write an essay and present what they learned

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
<u>Christopher Herner</u>	<u>Teacher</u>	<u>No</u>	<u> </u>	<u>01-7220-0-5230-15-1220-1000-000-0525-000</u>
<u>Kristen Goding</u>	<u>Teacher</u>	<u>No</u>	<u> </u>	<u>01-7220-0-5230-15-1220-1000-000-0525-000</u>
<u>Ofc. Rosalia Cabrera</u>	<u>Police Officer</u>	<u>No</u>	<u> </u>	<u> </u>
<u>Ofc. Eric Fong</u>	<u>Police Officer</u>	<u>No</u>	<u> </u>	<u> </u>
		<u>No</u>	<u> </u>	<u> </u>

****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 _____ Date 1-15-16

Cabinet Level or Designee Signature _____ Date 4/17/16

Chief Business Officer Signature _____ Date 4/18/16

Superintendent or Designee Signature _____ Date 4/11/16

District cost for all attendees (estimate)

Registration Fee *** 0.00

Meals included? B L D

Lodging 1,176.00

Transportation 4,500.00

Meals 1,500.00

Other _____

TOTAL \$7,176.00

Categorical Budget Code(s): 01-7220-0-5230-1220-1000-000-0525-000 \$ 7,176.00

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 ****	_____