



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1j

Meeting Date: October 5, 2017

Subject: Approve West Campus High School Field Trip to Reno, Nevada
October 7, 2017

- 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 West Campus High School Field Trip to Reno, Nevada
October 7, 2017

Background/Rationale: On October 7, 2017 a group of 51 students, 1 teacher chaperone, and 5 Parent chaperone from West Campus High School will travel via charter bus to Reno, Nevada to participate in a band competition at McQueen High 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: Lisa Allen, Deputy Superintendent
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 West Campus Date 9/8/17

Teacher's Name John Ousley Room # 9 Telephone # 277-6400
Fax # 277-6593

Field Trip Destination McQueen HS Reno NV

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

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

Route CA99N I80E

Educational nature of field trip/excursion Band Competition

Depart Date 10/7/17 Time 5AM am/pm Return Date 10/7/17 Time 5PM 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 student paid Financial Assistance Available? yes no

Number of students participating: 51

Adult Supervisors/ Drivers: DRIVER DRIVER
1) Timothy Lee yes no 2) Noah Clark yes no
3) Maria Sullivan yes no 4) Anita Kung yes no
5. Janice Zinky

Teachers and Staff Attending:
1) John Ousley yes no 2) _____ yes no
3) _____ yes no 4) _____ yes no

Principal Approval [Signature] Date 09/11/17

Risk Management Approval (Unusual Activities) [Signature] Date 9/14/17

Segment Administrator Approval [Signature] Date 9/8/17

- 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 West Campus High School Date September 12, 2017

Teacher's Name John Ousley Room # 59 Telephone # 277-6400

Field Trip Destination McQueen High School, Reno, Nevada

Reason for travel Band Competition

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.

None

Attach a detailed itinerary for each day: Attached

Signed  _____
 Teacher

Approvals:
 _____
 Principal Date 09/12/17

 _____
 Risk Management Dept. Date 9/14/17

 _____
 Segment Administrator Date 9-18-17

 _____
 Superintendent Date 9/19/17

Board Approval Date _____

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

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 # _____

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
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School/Department West Campus High School Date Sep 12, 2017

Date(s) of Event October 7, 2017 Location McQueen High School, Reno, Nevada

Event Title (attach brochure) _____

Purpose* Band Competition

*(what value does this activity give students, attendees, staff, department/site or community?)

How does this travel align with the District's strategic plan? _____

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>
<u>John Ousley</u>	<u>Teacher</u>	<u>No</u>	<input type="text"/>	
		No	<input type="text"/>	
		No	<input type="text"/>	
		No	<input type="text"/>	
		No	<input type="text"/>	

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

Approvals:

	<u>09/12/17</u>
Principal/Department Head Signature & Print Name _____	Date
	<u>9-18-17</u>
Cabinet Level or Designee Signature _____	Date
	<u>9/19/17</u>
Chief Business Officer Signature _____	Date
	<u>9/19/17</u>
Superintendent or Designee Signature _____	Date

District cost for all attendees (estimate)

Registration Fee ***	0.00
Meals included? <input type="checkbox"/>	
B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/>	
Lodging	0.00
Transportation	0.00
Meals	0.00
Other	0.00
TOTAL	\$ 0.00

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 **** _____	_____