



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1k

**Meeting Date:** June 1, 2017

**Subject:** Approve California Middle School Field Trip to Ashland, Oregon from June 7-9, 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 Cal Middle School Field Trip to Ashland, Oregon from June 7, 2017 to June 9, 2017

**Background/Rationale:** On June 7 through June 9, 2017, students from Cal Middle School will travel by bus to Ashland, Oregon to attend a Shakespeare Festival. There will be ten chaperones attending with eighty-nine students.

**Financial Considerations:** There will be no cost to the district. Expenses will be paid through parent contribution and fundraising.

**LCAP Goal(s):** College and Career Ready Students

**Documents Attached:**

1. Out of State Field Trip Documents

<p><b>Estimated Time of Presentation:</b> N/A</p> <p><b>Submitted by:</b> Lisa Allen, Deputy Superintendent Mary Hardin Young, Area Assistant Superintendent</p> <p><b>Approved by:</b> Jose L. Banda, Superintendent</p>
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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 California Middle School Date: April 14, 2017

Teacher's Name Rebecca Long / Juan Valdes Room # 31 34 Telephone # 395-5302  
Fax # 264-4477

Field Trip Destination: Shakespeare Theater, Southern Oregon University, Ashland, Oregon

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

Route \_\_\_\_\_

Educational nature of field trip/excursion Shakespeare, Theater and ELA

Depart Date: 6/7/17 Time: 9:45 am am/pm Return Date: 6/9/17 Time 3:00 pm 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 Parent donation Financial Assistance Available?  yes  no

Number of students participating: ~~88~~ 89

Adult Supervisors/ Drivers:	DRIVER		DRIVER
1) <u>Steve Lerch / Robert Espinosa</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	2) <u>Mary Smith / Michelle Scarbern</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
3) <u>Otis Cross / Judith Doherty</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	4) <u>Kristen Roller / Kellie Urkov</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no

Teachers and Staff Attending:

1) <u>Rebecca Long</u>	<input type="checkbox"/> yes <input type="checkbox"/> no	2) <u>Juan Valdes</u>	<input type="checkbox"/> yes <input checked="" 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 4/25/17

Risk Management Approval (Unusual Activities) [Signature] Date 5/10/17

Segment Administrator Approval [Signature] Date 5/15/17

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

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

School Name California Middle School Date February 1, 2017  
Teacher's Name Long / Valdes Room # 31 / 34 Telephone # 916-395-5300

Field Trip Destination Ashland, Oregon

Reason for travel Shakespeare Outdoor Plays

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: \_\_\_\_\_

Signed *Rebecca Long*  
Teacher

Approvals:  
*[Signature]* . 4/25/17  
Principal Date

*[Signature]* 5/10/17  
Risk Management Dept. Date

*[Signature]* 5/15/17  
Segment Administrator Date

*[Signature]* 5/15/17  
Superintendent Date

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

# TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

<b>Request to Attend:</b> <input checked="" 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 California Middle Date April 14, 2017

Date(s) of Event June 7, 8, 9, 2017 Location Ashland, Oregon

Event Title (attach brochure) Oregon Shakespeare Festival / Workshop

Purpose\* Attend plays at Shakespeare Festival and Educational Programs and workshops at Southern Oregon University

\*(what value does this activity give students, attendees, staff, department/site or community?)  
 How does this travel align with the District's strategic plan? Acclaimed Literature Studies

How will this activity/event be used and shared?  
 Name of Attendee(s) (attach sheet for additional attendees)

Name of Attendee(s)	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
Rebecca Long	Teacher	Yes <input checked="" type="checkbox"/>	3	01-0000-0-1102-15-1110-1000-000-0415-000
Juan Valdes	Teacher	Yes <input checked="" type="checkbox"/>	3	01-0000-0-1102-15-1110-1000-000-0415-000
		No <input type="checkbox"/>		
		No <input type="checkbox"/>		
		No <input type="checkbox"/>		

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

<b>Approvals:</b> _____ Principal/Department Head Signature & Print Name <span style="float: right;">Date <u>4/25/17</u></span> _____ Cabinet Level or Designee Signature <span style="float: right;">Date <u>5/5/17</u></span> _____ Chief Business Officer Signature <span style="float: right;">Date <u>5/12/17</u></span> _____ Superintendent or Designee Signature <span style="float: right;">Date <u>5/15/17</u></span>	District cost for all attendees (estimate) Registration Fee *** <input type="text"/> Meals included? <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging _____ Transportation _____ Meals _____ Other _____ <b>TOTAL</b> <span style="border: 1px solid black; padding: 2px;">0.00</span>
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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 ****	_____

