



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1k

Meeting Date: February 15, 2018

Subject: Approve School of Engineering and Science Field Trip to Boise, Idaho,
March 27 - April 1, 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 School of Engineering and Science Field Trip to Boise, Idaho from March 27, 2018 to April 1, 2018.

Background/Rationale: On March 27, 2018 a group of 34 students, three adult chaperones and two teacher chaperones from the School of Engineering and Science will travel via rental vehicle to Boise, Idaho. They will compete in the FIRST Robotics Competition. This will give students the opportunity to demonstrate their skill proficiency and collaborate with peers.

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

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 School of Engineering and Sciences Date 1/9/2018

Teacher's Name Kenneth Davis Room # B5 Telephone # 395-5040
 Fax # 433-2959

Field Trip Destination Boise, ID

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

Route I-80 Reno, US 95N to ID-55 N Boise, ID

Educational nature of field trip/excursion FIRST Robotics Competition

Depart Date 3/27/18 Time 6:00 am am/pm Return Date 4/1/18 Time 7:00 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 Fundraising Financial Assistance Available? yes no

Number of students participating: 34

Adult Supervisors/ Drivers:	DRIVER		DRIVER	
1) <u>Berta Serrato</u>	<input type="checkbox"/> yes <input type="checkbox"/> no	2) <u>Chris Merica</u>	<input type="checkbox"/> yes <input type="checkbox"/> no	
3) <u>Lynn Plocher</u>	<input type="checkbox"/> yes <input type="checkbox"/> no	4) _____	<input type="checkbox"/> yes <input type="checkbox"/> no	

Teachers and Staff Attending:

1) <u>Ken Davis</u>	<input type="checkbox"/> yes <input type="checkbox"/> no	2) <u>Julio Olivares</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 1/9/2018

Risk Management Approval (Unusual Activities) [Signature] Date _____

Segment Administrator Approval [Signature] Date 2-2-18

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

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 School of Engineering and Sciences Date 1/10/2018

Date(s) of Event 3/27 - 4/1/2018 Location Boise, ID

Event Title (attach brochure) FIRST Robotics Competition

Purpose* Opportunity for students to demonstrate their skills proficiency and collaborate with peers.

*(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 Readiness - After school programs such as FRC have been shown to increase rate of HS graduation and post-secondary education.

How will this activity/event be used and shared? Results from competition will be shared among Linked Learning community.

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
Ken Davis	Teacher	No		
Julio Olivares	Teacher	No		
Lynn Plocher	CTE Coordinator	No		
		No		
		No		

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

Approvals: <div style="margin-bottom: 10px;"> _____ Principal/Department Head Signature & Print Name </div> <div style="margin-bottom: 10px;"> _____ Cabinet Level or Designee Signature </div> <div style="margin-bottom: 10px;"> _____ Chief Business Officer Signature </div> <div style="margin-bottom: 10px;"> _____ Superintendent or Designee Signature </div>	<table style="width: 100%;"> <tr> <td style="text-align: center;">2/1/18</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;">2-2-18</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;">2/2/18</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;">2/5/18</td> <td style="text-align: center;">Date</td> </tr> </table>	2/1/18	Date	2-2-18	Date	2/2/18	Date	2/5/18	Date										
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Meals	_____																		
Other	_____																		
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 ****	_____