



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 10.1c

Meeting Date: December 12, 2013

Subject: West Campus 2013 Nike Basketball Tournament of Champions Phoenix, AZ
December 19-21, 2013

- ☐ Information Item Only
- ☒ Approval on Consent Agenda
- ☐ Conference (for discussion only)
- ☐ Conference/First Reading (Action Anticipated: _____)
- ☐ Conference/Action
- ☐ Action
- ☐ Public Hearing

Department: Area Assistant Superintendent

Recommendation: Approve West Campus 2013 Nike Basketball Tournament of Champions Phoenix, AZ December 19-21, 2013

Background/Rationale: Coach John Langston and two parents will accompany 12 students to the 2013 Nike Basketball Tournament of Champions Phoenix, AZ. Parents will transport students to Sacramento Airport and pick them up upon return.

Financial Considerations: No cost to the district. Expenses paid through parent contribution and fundraising.

Documents Attached: Out of State Field Trip Documents

<p>Estimated Time of Presentation: (N/A if on Consent Agenda)</p> <p>Submitted by: Sara Noguchi, , Area Assistant Superintendent</p> <p>Approved by: Jonathan P. Raymond, Superintendent</p>

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 HIGH SCHOOL Date 11/14/13

Teacher's Name John Langston Room # _____ Telephone # 531-3529
 Fax # _____

Field Trip Destination Phoenix, Arizona

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

☒ Out-of-State/Country ☐ Involving Swimming or Wading ☐ Unusual Activities
 Route Using airline transportation

Educational nature of field trip/excursion 2013 Nike Basketball Tournament of Champions

Depart Date 12/19/13 Time 6:00 am/pm Return Date 12/21/13 Time 1:00 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: 12

Adult Supervisors/ Drivers:	DRIVER		DRIVER
1) <u>John Langston</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	2) <u>Donna Bell-Dent</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
3) <u>Tia Perryman</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	4) _____	<input type="checkbox"/> yes <input type="checkbox"/> no

Teachers and Staff Attending:

1) <u>John Langston</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	2) _____	<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 11/14/13

Risk Management Approval (Unusual Activities) [Signature] Date 11/21/13

Segment Administrator Approval [Signature] Date _____

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 (RSK-F106B)**

School Name WEST CAMPUS

Date 11/13/13

Teacher's Name JOHN LANGSTON Room # _____ Telephone # 916-531-3529

Field Trip Destination PHOENIX, ARIZONA

Reason for travel NIKE BASKETBALL TOURNAMENT OF CHAMPIONS

FROM DECEMBER 19-21, 2013.

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

John Langston
Teacher

Approvals:

Principal

[Signature] 11/14/13
Date

Risk Management Dept.

[Signature] 11/21/13
Date

Segment Administrator

[Signature] _____
Date

Superintendent

[Signature] 11/21/13
Date

Board Approval Date _____

Sacramento City Unified School District
OVERNIGHT TRIPS HOTEL ACCOMMODATIONS INFORMATION (RSK-F106H)

Hotel Name Arizona Grand Resort Date Reserved 12/18-21/13

Address 8000 S. Arizona Grand Parkway City, Phoenix zip 85044

Reservations Contact Person: N/A

Telephone # 877-800-4888 Fax # 602-659-6350

Total Rooms Reserved 5

Room #s N/A

Signed John Langston
Teacher

Approvals:

[Signature] 11/14/13
Principal Date

[Signature]
Segment Administrator 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 WEST CAMPUS HIGH SCHOOL Date 11/13/13

Date(s) of Event December 19-21, 2013 Location Phoenix, Arizona

Event Title (attach brochure) 2013 Nike Tournament of Champions

Purpose* Girls Varsity Tournament

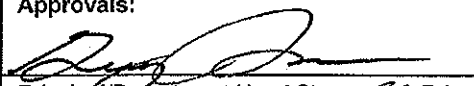

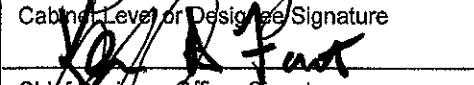

*(what value does this activity give students, attendees, staff, department/site or community?) _____

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

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)
John Langston	Coach	No		
DONNA BELL-DENT	PARENT	No		
TIA PERRYMAN	PARENT	No		
		No		
		No		

***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 _____  Cabinet Level or Designee Signature _____  Chief Business Officer Signature _____  Superintendent or Designee Signature _____	Date <u>11/14/13</u> Date <u>11/21/13</u> Date <u>11/21/13</u> Date _____	District cost for all attendees (estimate) Registration Fee *** <u>0.00</u> Meals included? <input type="checkbox"/> No 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): _____ \$ _____
☐ 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 ****	_____