



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 11.1d

Meeting Date: June 2, 2016

Subject: Approve California Middle School Field Trip to Ashland, Oregon, from June 10 to June 12, 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 California Middle School Field Trip to Ashland, Oregon from June 10, 2016 to June 12, 2016.

Background/Rationale: On June 10 through June 12, 2016, students from California Middle School will travel by bus to Ashland, Oregon to attend a Shakespeare festival. There will be ten chaperones attending with seventy-eight students.

Financial Considerations: There will be no cost to the district. Expenses will be paid through parent contributions.

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
Mary Hardin Young, 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)

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 FEBRUARY 19, 2016

Teacher's Name REBECCA LONG Room # 32 Telephone # 395-5302
 Fax # 264-4477

Field Trip Destination OREGON SHAKESPEARE FESTIVAL, 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 I-5 NORTH

Educational nature of field trip/excursion Expanding students' knowledge of Shakespeare and other playwrights while enforcing lessons they learned in ELA and Drama

Depart Date 06/10/16 Time 8:15 AM am/pm Return Date 06/12/16 Time 5:00 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/Guardian Donations Financial Assistance Available? yes no

Number of students participating: 78

Adult Supervisors/ Drivers:	DRIVER	DRIVER
1) <u>See Attached List</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

Teachers and Staff Attending:

1) <u>Rebecca Long</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	2) <u>Senta Shelton</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 3/29/16

Risk Management Approval (Unusual Activities) [Signature] Date 5/29/16

Segment Administrator Approval [Signature] Date 5-18-16

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

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 CALIFORNIA MIDDLE SCHOOL Date FEBRUARY 19, 2016

Date(s) of Event JUNE 10-JUNE 12, 2016 Location ASHLAND, OREGON

Event Title (attach brochure) OREGON SHAKESPEARE FESTIVAL/WORKSHOP

Purpose* ATTEND PLAYS AT SHAKESPEARE FESTIVAL AND EDUCATION PROGRAMS AND WORKSHOPS AT SOUTHER 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)	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
REBECCA LONG	TEACHER	Yes	1	01-0000-0-1102-15-1110-1000-000-0415-000
SENTA SHELTON	TEACHER	Yes	1	01-0000-0-1102-15-1110-1000-000-0415-000
		No		
		No		
		No		

Additional Attendees Attached

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

Approvals: <div style="margin-bottom: 10px;"> Principal/Department Head Signature & Print Name _____ Date <u>4/4/16</u> </div> <div style="margin-bottom: 10px;"> Cabinet Level or Designee Signature _____ Date <u>5/18/16</u> </div> <div style="margin-bottom: 10px;"> Chief Business Officer Signature _____ Date <u>5/20/16</u> </div> <div style="margin-bottom: 10px;"> Superintendent or Designee Signature _____ Date <u>5/24/16</u> </div>	District cost for all attendees (estimate) Registration Fee *** _____ Meals included? <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D Lodging _____ Transportation _____ Meals _____ Other _____ TOTAL _____
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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 ****	_____