



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 11.1g

Meeting Date: September 21, 2017

Subject: Approve Alice Birney Waldorf Field Trip to Ashland, Oregon from
October 9 - 12, 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 Alice Birney Waldorf Field Trip to Ashland, Oregon from
October 9, 2017 – October 12, 2017.

Background/Rationale: On October 9, 2017 – October 12, 2017, students from Alice
Birney Waldorf will travel by vehicles to Ashland, Oregon to study Shakespeare and
Renaissance Literature.

Financial Considerations: There is no cost to the District. Expenses are being
covered by class fundraising and 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, Deputy Superintendent

Tu Carroz, 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 Alice Birney Public Waldorf EK-8 Date 8/18/17

Teacher's Name Susan Balladares Room # 22 Telephone # 395-4510
Fax # 433-5589

Field Trip Destination Southern Oregon University/Shakespeare Festival, Ashland, OR

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 to Ashland, Oregon

Educational nature of field trip/excursion Shakespear, Theater, Literature study

Depart Date 10/9/17 Time 7:00 am am/pm Return Date 10/12/17 Time 2:30 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 Class funds Financial Assistance Available? yes no

Number of students participating: 29

Adult Supervisors/ Drivers: DRIVER DRIVER
1) Lynette Fischer; Stephanie Korte yes no 2) David Marks; Victoria Flores yes no
3) Mark Turpin; Jose Aguilar yes no 4) Barbara May Clark yes no
Susan Little; Nils Hedglin yes

Teachers and Staff Attending:
1) Susan Balladares yes no 2) _____ yes no
3) _____ yes no 4) _____ yes no

Principal Approval [Signature] Date 8/21/17

Risk Management Approval (Unusual Activities) [Signature] Date 9/7/17

Segment Administrator Approval [Signature] Date 8/29/17

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 Alice Birney Public Waldorf EK-8 School Date 8/14/17

Teacher's Name Susan Balladarez Room # 23 Telephone # 95-4510

Field Trip Destination Oregon Shakespeare Festival/Southern Oregon U, Ashland, OR




Reason for travel Our class puts on a play each year and we are excited to see a few professional performances. We will also take part in a behind-the-scenes workshop, getting in-depth explanations for Shakespeare.

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: see attached

Signed 
Teacher

Approvals:

	<u>8/24/17</u>
Principal	Date
	<u>8/17/17</u>
Risk Management Dept.	Date
	<u>8/24/17</u>
Segment Administrator	Date
	<u>8/30/17</u>
Superintendent	Date

Board Approval Date _____

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

Request to Attend: <input type="checkbox"/> Conference/Workshop <input checked="" type="checkbox"/> Class Field Trip <input type="checkbox"/> Business Meeting	Purpose for Attending: <input type="checkbox"/> Professional Development <input checked="" type="checkbox"/> Class Field Trip <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 # N/A
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School/Department Alice Blrney Public WaldorfeK School Date Aug 15, 2017

Date(s) of Event 10/9/17-10/12/17 Location Ashland, OR;

Event Title (attach brochure) Class Field Trip to Shakespeare Festival in Ashland, OR

Purpose* Students will attend Theater Workshops and Plays to compliment our study of Shakespeare and Renaissance Literature. This is a classroom field trip. No students will be left behind, so no substitute is needed. NO District funds are being requested-all costs will be covered by class fundraising and parent contributions.

*(what value does this activity give students, attendees, staff, department/site or community?)
 How does this travel align with the District's strategic plan? Students will attend Theater Workshops & Plays to compliment our study of Shakespeare and Renaissance Literature.

How will this activity/event be used and shared? Students will attend Theater Workshops & Plays to compliment our study of Shakespeare & Renaissance.

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)*	No. of Days Required	Budget Code (for substitute)
Susan Balladares	Classroom Teacher, 8th grade	No	4	N/A
		No		
		No		
		No		
		No		

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

Approvals: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 80%;"> <p style="font-size: small;">Principal/Department Head Signature & Print Name </p> <p style="font-size: small;">Cabinet Level or Designee Signature </p> <p style="font-size: small;">Chief Business Officer Signature </p> <p style="font-size: small;">Superintendent or Designee Signature </p> </div> <div style="width: 15%; text-align: center; font-size: small;"> <p>8-21-17 Date</p> <p>8/29/17 Date</p> <p>8/30/17 Date</p> <p>8/30/17 Date</p> </div> </div>	District cost for all attendees (estimate) N/A Registration Fee *** 0.00 Meals included? B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging _____ Transportation _____ Meals _____ Other _____ TOTAL \$ 0.00
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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 ****	