



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 11.1g

Meeting Date: February 16, 2023

Subject: Approve C.K.McClatchy Portugal and Spain Field Trip April 1-8, 2023

- 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 C.K.McClatchy Portugal and Spain Field Trip April 1-8, 2023.

Background/Rationale: On April 1, 28 students, 4 chaperones, and one teacher will travel to Lisbon, Portugal for 4 days, then to Madrid, Spain for 3 days, to hear musical performances that will provide students with educational and cultural opportunities outside of the classroom.

Financial Considerations: There is no cost to the district. Expenses will be paid by the C.K. McClatchy Music Boosters.

LCAP Goal(s): College preparedness, increasing communication and critical thinking skills.

Documents Attached:

1. Out-of-state field trip documents

Estimated Time of Presentation: N/A
Submitted by: Lisa Allen, Deputy Superintendent
 Vanessa Buitrago, 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 is required for each student field trip. See below reference distribution section for details concerning each type of trip.

School Name C.K. McClatchy High School Date 01/20/2023
 Teacher's Name Jorge Muñoz Room # L7 Telephone # (916)395-505 x 503037 Fax # _____

Field Trip Destination Lisbon, Portugal / Guarda, Portugal / Madrid, Spain

Local-50 mile radius (bus/walking) Local-50 mile radius (driver led trips) Out-of-Town (Beyond 50 mile radius) (forward directly to Field Trip Office)

Overnight Out-of-State/Country Involving Swimming or Wading Unusual Activities

Route Sacramento, CA / San Francisco, CA / Lisbon, Portugal / Guarda, Portugal / Madrid, Spain / San Francisco, CA / Sacramento, CA

Educational nature of field trip/excursion Performance Tour

Depart Date 04/01/2023 Time 9:00am Return Date 04/08/2023 Time 11:30pm

TRANSPORTATION will be provided by: Walking School Bus - contact Transportation Field Trip Office
 Charter Bus Company (certified): Yes No - Check with Field Trip Office
 Private Vehicle/Parent Driver/Faculty Driver - Complete Volunteer Personal Automobile Use Form for each vehicle and driver, must have fingerprint clearance (check with Human Resources for fingerprint clearances) Public Transportation Train Commercial Airline Other: _____

Funding Source McClatchy High School Music Boosters Financial Assistance Available? Yes No

Number of students participating: 28

Adult Chaperones/Drivers: Use additional forms if more than 4 names

	DRIVER		DRIVER
<u>Jennifer Beckman</u>	yes <input checked="" type="checkbox"/> no	<u>April Meszaros</u>	yes <input checked="" type="checkbox"/> no
<u>Mai Ly</u>	yes <input checked="" type="checkbox"/> no	<u>Concepcion Tadeo</u>	yes <input checked="" type="checkbox"/> no

Teachers and Staff Attending: Use additional forms if more than 4 names

Jorge Muñoz yes no

Principal Approval [Signature] Date 1/26/23
 Risk Management Approval (Unusual Activities) [Signature] Date 1/30/23
 Instructional Assistant Superintendent Approval [Signature] Date 1/26/23

Distribution: Refer to the Field Trip Information Form RSK 106F for the forms and distribution required for each trip:

1. Local Trip (school or charter bus) (50-mile radius) - Submit to Principal for approval. Maintain all documents at site and forward a copy to Instructional Assistant Superintendent for approval.
2. Local Trip (50-mile radius; driver led) - Submit driver led trips to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
3. Local Trip (walking, RT, Amtrak): Submit walking trips to Principal for approval then forward to Instructional Assistant Superintendent for approval 2 weeks prior to trip.
4. Out-of-Town (beyond 50-mile radius) - Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
5. Overnight Trip: Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
6. Trip (involving swimming or wading): Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
7. Trip (involving Unusual Activities (Motor sports or high risk activities such as rafting, snowkiting, rock climbing, skiing, etc.) - Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip. This may require Special Event Liability Insurance.
8. Out-of-State/Country: Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Instructional Assistant Superintendent will place field trip item on Board Agenda. Trips not submitted to Segment Administrator 6 weeks prior to trip will be considered automatically rejected by the Board of Education.
9. Approved forms will be returned by Instructional Assistant Superintendent. Maintain a copy of all forms at site for 2 years.
10. Venue/Destination: Must comply with SCUSD COVID19 Mitigation Guidelines for all trips outside of district facilities.

Reviewed by Site Office Manager [Signature]

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

School Name C.K. McClatchy H.S. Date 1/20/2023
Teacher's Name Jorge Muniz Room # 27 Telephone # 916-395-5650
ex. 503037
Field Trip Destination Lisbon, Portugal / Guarda, Portugal / Madrid, Spain

Reason _____ for _____ travel
Musiz Tour with performancer in destinations.

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 to Risk Management for review before signing. Attach a detailed itinerary for each day

Signed [Signature]
Teacher

Approvals:
[Signature] 1/26/23
Principal Date
[Signature] 1/30/23
Risk Management Dept. Date
[Signature] 1/26/23
Segment Administrator Date
[Signature] 1/31/23
Superintendent Date

/ /
Board Approval 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 C.K. McClatchy High School Date 01/20/23

Date(s) of Event 04/01-08/23 Location Lisbon, Portugal, Guarda, Portugal, Madrid, Spain

Event Title (attach brochure) Music Tour

Purpose* see performances in destination cities

*(what value does this activity give students, attendees, staff, department/site or community?)
 How does this travel align with the District's strategic plan? Provides students with opportunities, educational and cultural, outside of the classroom.

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)
Jorge Munoz	Teacher	(No)	(0)	
Jennifer Beckman	Chaperone	(No)	(0)	
Mai Ly	Chaperone	(No)	(0)	
April Meszaros	Chaperone	(No)	(0)	
Concepcion Tadeo	Chaperone	(No)	(0)	

Additional Attendees Attached

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

Approvals:

Principal/Department Head Signature & Print Name _____ Date 1/26/23

Cabinet Level or Designee Signature _____ Date 1/31/23

Chief Business Officer Signature _____ Date 1/31/23

Superintendent or Designee Signature _____ Date _____

District cost for all attendees (estimate)

Registration Fee *** \$ 0

Meals included? B L D

Lodging \$ 0

Transportation \$ 0

Meals \$ 0

Other \$ 0

TOTAL \$ 0

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 ****	_____