

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 11.1h

Meeting Date: February 16, 2023				
Subject: Approve C.K.McClatchy New York City Field Trip April 2-7, 2023				
☐ Information Item Only ☐ Approval on Consent Agenda ☐ Conference (for discussion only) ☐ Conference/First Reading (Action Anticipated:) ☐ Conference/Action ☐ Action ☐ Public Hearing				
<u>Division</u> : Deputy Superintendent				
Recommendation: Approve C.K.McClatchy New York City Field Trip April 2-7, 2023				
<u>Background/Rationale</u> : On April 2, 28 students and three teachers will travel via commercial airline to NYC to experience fine art, Broadway shows, and interactive workshops.				
<u>Financial Considerations</u> : There is no cost to the district. Expenses will be paid by VAPA Boosters.				
LCAP Goal(s) : College preparedness, increasing communication and critical thinking skills.				
<u>Documents Attached:</u> 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 CK McCla	atchy High School	Date	<u>1</u>	3 1	2023
Teacher's Name	Mollie Morrison	Room #_	<u>L6</u>		916-952-6952
Field Trip Destination_ Ne					
Local-50 mile radius (forward directly to Field Tri	s (bus/walking)	ile radius (driver led trips)	Out-of	-Town (Beyon	d 50 mile radiųs)
Overnight	X Out-of-State/Country	☐ Involving Swimming of	or Wading	Unusua	al Activities
Route Commercial Air	line/Charter Bus	will experience fine s	rt a maior	mueoume	Broadway
Educational nature of field trip/excursion Students will experience fine art a major museums, Broadway Shows with interactive workshops and site historic sites relevant to our studies in VAPA classrooms					
Shows with interac	ctive workshops and site I				
Depart Date 4 / 2 /	2023 Time11:24 pm am/pm	Return Date 4	<u> 17 12</u>	023 Time 10:	3 <u>5 pm</u> am/pm
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 VAYA BOOSCOOK Financial Assistance Available? Yes No					
	ipating:				1116
Adult Chaperones/Drivers	: Use additional forms if more th	nan 4 names			
1) 3)	yes no	0 4)		—	=
Teachers and Staff Attend	ling: Use additional forms if more	e than 4 names			
1) Mollie Morrison 3) Tylen Einweck Principal Approval Risk Management Appro	yes no no yes no oval (Unusual Activities)	1000	ate 1 12	yes yes 22, 25, 23	∐ no □ no
-	Superintendent Approval	7 750	Date 1/2	5/23	
	Information Form RSK 106F for the forms	and distribution required for each tri	p:		
Local Trip (school or charter b	us): (50-mile radius) - Submit to Principal for a			opy to Instructional A	ssistant Superintendent for
3. Local Trip: (waling, RT, Ambrak): 4. Out-of-Town: (beyond 50-mile rd 5. Overnight Trip: Submit to Princi 6. Trip Involving Swimming or W: 7. Trip Involving Unusual Activitie Instructional Assistant Superintes 8. Out-of-State/Country: Submit to Education and Risk Managemen 6 weeks prior to trip will be consi 9. Approved forms will be return.	er led) — Submit driver led trips to Principal for a: Submit walking trips to Principal for approval adius) — Submit to Principal for approval then figal for approval then for approval then forward to Instructional A ading: Submit to Principal for approval then for es (Water sports or high risk activities such andent for approval 6 weeks prior to trip. This may be principal for approval then forward to Instructional Assistant Stidered automatically rejected by the Board of E ed by Instructional Assistant Superintended by with SCUSD COVID19 Mitigation Guidelia	then forward to Instructional Assistant orward to Instructional Assistant Super assistant Superintendent for approval 6 orward to Instructional Assistant Superin as rafting, snorkeling, rock climbin any require Special Event Liability Institutional Assistant Superintendent for app Superintendent will place field trip item Education. Int. Maintain a copy of all forms at si	Superintendent for intendent for approvement for approvement, skiling, etc.) -surance. proval 6 weeks provement on Board Agendate for 2 years acilities.	or approval 2 weeks roval 6 weeks prior to p. coval 6 weeks prior to Submit to Principal for for to trip. Must have	o trip. o trip. or approval then forward to Superintendent, Board of d to Segment Administrator

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

School Name CK McClatchy	Date 1 / / / /
Teacher's Name Morrison	Room # <u>L6</u> Telephone # <u>916-952-6952</u>
Field Trip Destination New York Cit	у
	signed around building student
	hand studied art at the Met and
The MOMA, see Broadway shows with inte	eractive workshops
and to visit historic NYC sites like	the 911 Museum & Rockefeller Center
rock climbing, skiing, etc.) as a special par contract or waiver to Risk Management for itinerary for each day Signed	gh risk activities (examples: rafting, snorkeling, ent waiver may be required. Submit copy of review before signing. Attach a detailed
Teacher Approvals:	
Principal Risk Management Dept.	Date 1251 2023 Date 125 125
Segment Administrator	Date
Superintendent	<u>/ 31 /23</u> Date
Board Approval Date	

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District Instructions: This form must be completed and received in Accounts Purpose for Attending: Payable at least 30 days prior to the Request to Attend: proposed trip- 60 days if out-of-state. Professional Development Conference/Workshop Continued Education Credits Earned REQ# Business Meeting 01/13/2023 C.K. McClatchy High School School/Department New York City Dale(s) of Event April 2-7, 2023 Location New York City Field Trip Event Title (attach brochure) To experience the art and theater that the VAPA students have learned through visiting museums, national monuments, Broadway shows, Theater workshops and other historic sites. "(what value does this activity give students, attendees, staff, department/site or community?) Providing SCUSD students with first hand experiences the amerce themselves in Fine Art and Interactive Theater workshops aligns with CA art standards and the district strategic plan. How does this travel align with the District's strategic plan? Students will engage in creative art experiences that they will share with classmates, teachers, and the CKM How will this activity/event be used and shared? community via dally social media entry Substitute No. of Days **Budget Code** Name of Attendes(s) (for substitute) Required (Y/N) · · (attach sheet for additional attendees) Ū No Teacher Mollie Morrison 0 No Teacher Aimee Thibedeau Û Teacher No Tylen Einweck Na No Additional Attendess Attached FUTE IS NEEDED, SEND A COPY OF THIS FORM TO PERSONNEL, BOX 770 District cost for all attendees (estimate) Approvals: Registration Fee *** Meals included? Principal/Department Head Signature & Print Name σГ вГ L \$0 Lodging Cabine Hevel or Designee Signature Transportation \$0 Chief Business Officer Signature Meals \$0 Other Superintendent or Designee Signature TOTAL \$ Budget Code(s): Categorical ☐ General Fund/Unrestricted Lunah Dinner _ ***If any meals are included in the cost of registration, how many of each; Breakfast Prepayment Requested: All checks will be sent to the site/department unless prior arrangements have been made (with AP) to pick up check **Dollar Amount** Requisition # Registration Fee Holei Airfare **** Car Rental **** **** If airlare or car rental is requested, send a copy of this form to Purchasing, Box 830 Page 1 of 1 ACC-F014 Rev.F 3-22-11