



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 11.1i

**Meeting Date:** February 16, 2023

**Subject:** Approve John F. Kennedy field trip to Washington, D.C. May 1-5, 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 John F. Kennedy field trip to Washington, D.C. May 1-5, 2023

**Background/Rationale:** On May 1, 11 students and three teachers will travel via commercial airline to Washington, D.C. to gain knowledge about US Government and history.

**Financial Considerations:** There is no cost to the district. Expenses will be paid by student fundraising.

**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  
Tuan Doung, 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 JOHN F. KENNEDY Date 01 / 17 / 23  
 Teacher's Name CHRIS HERNER Room # B10 Telephone # 395-5094  
 Fax # \_\_\_\_\_

Field Trip Destination WASHINGTON D.C.

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 AIRPORT TO WASHINGTON P.C. MORGAN NATIONAL

Educational nature of field trip/excursion GAIN KNOWLEDGE ABOUT U.S. GOVERNMENT AND HISTORY

Depart Date 05 / 01 / 23 Time 5:25 (am/pm) Return Date 05 / 05 / 23 Time 10:30 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 FUND RAISING Financial Assistance Available?  Yes  No

Number of students participating: 11

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

	DRIVER		DRIVER
1) <u>OPC. LILIA VASQUEZ</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: Use additional forms if more than 4 names

1) <u>CHRIS HERNER</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	2) <u>KEN O'FLAHERTY</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
3) <u>KRISTEN GOODIN</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	4) _____	<input type="checkbox"/> yes <input type="checkbox"/> no

Principal Approval [Signature] Date 1/18/23

Risk Management Approval (Unusual Activities) [Signature] Date 1/25/23

Instructional Assistant Superintendent Approval [Signature] Date 1/20/23

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

- 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.
- 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.
- 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.
- 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.
- Overnight Trip: Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
- Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks 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 Instructional Assistant Superintendent for approval 6 weeks prior to trip. This may require Special Event Liability Insurance.
- 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.
- Approved forms will be returned by Instructional Assistant Superintendent. Maintain a copy of all forms at site for 2 years
- Venue/Destination: Must comply with SCUSD COVID19 Mitigation Guidelines for all trips outside of district facilities.

Reviewed by Site Office Manager [Signature] (Initials)

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

School Name JOHN F. KENNEDY Date 01 / 17 / 23

Teacher's Name CHRIS HEINER Room # 1310 Telephone # 395-5094

Field Trip Destination WASHINGTON D.C.


Reason for travel EXPOSE STUDENTS TO U.S. GOVERNMENT AND HISTORY


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   
Teacher

**Approvals:**

 1 / 18 / 23  
Principal Date

 1 / 25 / 23  
Risk Management Dept. Date

 1 / 20 / 23  
Segment Administrator Date

 1 / 31 / 23  
Superintendent Date

/ /   
Board Approval Date



### TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

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 # \_\_\_\_\_

**Request to Attend:**  
 Conference/Workshop  
 Business Meeting

**Purpose for Attending:**  
 Professional Development  
 Continued Education Credits Earned

School/Department: JOHN F. KENNEDY HS Date: 01/17/23

Date(s) of Event: 05/01/23-05/05/23 Location: WASHINGTON D.C.

Event Title (attach brochure): PUEBLO TRIP

Purpose\*: EXPOSE STUDENTS TO U.S. GOVERNMENT AND HISTORY

\*(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 BE COLLEGE AND CAREER READY

How will this activity/event be used and shared? PRESENTATIONS

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)*	No. of Days Required	Budget Code (for substitute)
CHRIS KENNER	TEACHER	No (X)	5	01-7220-0-1102-15-
KEN O'FLAHERTY	TEACHER	No (X)	5	1220-1000-000-
KRISTEN GOODIN	TEACHER	No (X)	5	0525-000
MRS. LILIA VASQUEZ	OFFICE	No (X)		
		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: [Signature] Kenner Lee Date: 1/18/23

Cabinet Level or Designee Signature: [Signature] Date: 1/20/23

Chief Business Officer Signature: [Signature] Date: 1/21/23

Superintendent or Designee Signature: [Signature] Date: 1/31/23

District cost for all attendees (estimate)

Registration Fee \*\*\* \_\_\_\_\_

Meals included?  B  L  D

Lodging \_\_\_\_\_

Transportation \_\_\_\_\_

Meals \_\_\_\_\_

Other \_\_\_\_\_

TOTAL 0

Categorical Budget Code(s): \_\_\_\_\_  
 General Fund/Unrestricted 01-7220-0-1102-15-1220-1000-000-0525-000 (for subs only)

\*\*\*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 ****	_____

\*\*\*\* If airfare or car rental is requested, send a copy of this form to Purchasing, Box 830