



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 13.1i

Meeting Date: March 7, 2024

Subject: Approve Miwok Middle field trip to Washington, D.C March 21, 2024

- 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 Miwok Middle field trip to Washington, D.C. March 21, 2024

Background/Rationale: On March 21, 27 students and six 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 parents and guardians.

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: Mary Hardin Young, Interim Deputy Superintendent

Jerad Hyden, Assistant Superintendent

Approved by: Lisa Allen, Interim 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. See below reference distribution section for details concerning each type of trip.

School Name Miwok Middle School Date 01 / 17 / 2024
 Teacher's Name Chris Gomez Room # 115 Telephone # 916-395-5370 Fax # _____
 Field Trip Destination Washington DC

- Walking Local-50 mile radius Out-of-Town (Beyond 50 mile radius) Overnight Out-of-State/Country
 Involving Swimming or Wading Unusual Activities

Route (must provide written directions our map) Airline

Educational nature of field trip/excursion US History/Government

Depart Date 03/ 21 /2024 Time 11:55 am pm Return Date 03/ 26 /2024 Time 11:16 am pm

- TRANSPORTATION will be provided by: Walking School Bus - contact Transportation Field Trip Office Train
 Charter Bus Company (District Approved): Yes No (Check with Field Trip Office) Public Transportation
 Private Vehicle/Parent Driver/Faculty Driver - Complete Volunteer Personal Automobile Use Form for each vehicle and driver.
 Commercial Airline Other: _____

Number of students participating: 27 Funding Source Self-Pay Financial Assistance Available? Yes No

Adult Chaperones: (All clearances must be met prior to Field Trip Approval)

	DRIVER						
1) <u>Kristin Chan</u>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> Driver	<input checked="" type="checkbox"/> Fingerprint	<input checked="" type="checkbox"/> Mandated Reporter Training	<input checked="" type="checkbox"/> TB	
2) <u>Sarah Marshall</u>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> Driver	<input checked="" type="checkbox"/> Fingerprint	<input checked="" type="checkbox"/> Mandated Reporter Training	<input checked="" type="checkbox"/> TB	
3) <u>Melissa Davis</u>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> Driver	<input checked="" type="checkbox"/> Fingerprint	<input checked="" type="checkbox"/> Mandated Reporter Training	<input checked="" type="checkbox"/> TB	
4) <u>Sergio Quiniola</u>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> Driver	<input checked="" type="checkbox"/> Fingerprint	<input checked="" type="checkbox"/> Mandated Reporter Training	<input checked="" type="checkbox"/> TB	
5) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
6) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
7) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
8) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	

Teachers and Staff Attending (Use a separate sheet if necessary)

DRIVER		DRIVER	
1) <u>Chris Gomez</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	2) <u>Aaron Fajardo</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
5) _____	<input type="checkbox"/> yes <input type="checkbox"/> no	6) _____	<input type="checkbox"/> yes <input type="checkbox"/> no

Principal Approval [Signature] Date 1/24/24
 Segment IAS/Department Head Approval [Signature] Date 1/31/24
 Risk Management Approval (if applicable) [Signature] Date 2/1/2024

Distribution: Refer to the Field Trip Information Form RSK 106F for the forms and distribution required for each trip. All field trips require a completed packet. Maintain all documents at site:

- Local Trip: (walking); Submit walking trips to Principal for approval two weeks prior to trip.
- Local Trip (school bus/charter bus/RT/Amtrak); (50-mile radius) - Submit to Principal for approval two weeks prior to trip.
- Local Trip: (50-mile radius: driver) - Submit driver led trips to Principal for approval 6 weeks prior to trip.
- Out-of-Town: (beyond 50-mile radius) - Submit to Principal for approval then forward to Segment IAS/Department Head for approval 6 weeks prior to trip.
- Overnight Trip: Submit to Principal for approval then forward to Segment IAS/Department Head for approval 6 weeks prior to trip.
- Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Segment IAS/Department Head 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 Segment IAS/Department Head/Risk Management 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 Segment IAS/Department Head for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Segment IAS office will place field trip item on Board Agenda for final approval.
- Approved forms will be returned by Segment IAS/Department Head's Office. 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 Miwok Middle School Date 01 / 17 / 2024

Teacher's Name Chris Gomez Room # 115 Telephone # 916-743-9977

Field Trip Destination Washington DC


Reason for travel US History field trip touring major historical and memorial sites

including: Jamestown, Colonial Williamsburg, Monticello, Mount Vernon, Gettysburg

U.S. Captial, Smithsonian, Holocaust Museum, Museum of African American History,

Lincoln Memorial, White House, Vietnam Memorial, 9/11 memorial, and Ford's Theater.

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  1-24-24
 Teacher

Approvals:

 1 / 24 / 24
 Principal Date

 2 / 1 / 2024
 Risk Management Dept. Date

 1 / 21 / 24
 Segment Administrator Date

 2 / 2 / 24
 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 **Miwok Middle**

Date **1/29/2024**

Date(s) of Event **3/21/24-3/26/24**

Location **Washington DC**

Event Title (attach brochure) **Washington DC Trip**

Purpose* **History related field trip to Washington DC.**

*(what value does this activity give students, attendees, staff, department/site or community?)

How does this travel align with the District's strategic plan? **Aligns with US History standards.**

How will this activity/event be used and shared? **Field trip offered to students to visit historical sites.**

Name of Attendee(s)
(attach sheet for additional attendees)

Position

Substitute
(Y/N)* **

No. of Days
Required

Budget Code
(for substitute)

Name of Attendee(s)	Position	Substitute (Y/N)* **	No. of Days Required	Budget Code (for substitute)
Chris Gomez	Teacher	No	0	N/A
Aaron Fajardo	Teacher	No	0	N/A
		No		
		No		
		No		

Additional Attendees Attached

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

Approvals:

CRISTIN TAHARA *[Signature]* 1/30/24
Principal/Department Head Signature & Print Name Date

Thronne Wuyet *[Signature]* 1/31/24
Cabinet Level or Designee Signature Date

[Signature] *[Signature]* 1/31/24
Chief Business Officer Signature Date

[Signature] *[Signature]* 2/2/24
Superintendent or Designee Signature Date

District cost for all attendees (estimate)

Registration Fee *** **0**

Meals included? **0**

B L D

Lodging **0**

Transportation **0**

Meals **0**

Other _____

TOTAL **0**

Categorical Budget Code(s): _____ \$ **0**

General Fund/Unrestricted _____ \$ **0**

***If any meals are included in the cost of registration, how many of each: Breakfast **0** Lunch **0** Dinner **0**

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	0
Hotel	0
Airfare ****	0
Car Rental ****	0

**** If airfare or car rental is requested, send a copy of this form to Purchasing, Box 530