



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 8.1c

**Meeting Date:** April 23, 2015

**Subject:** Approve Kit Carson Middle School Trip to Washington, D. C., May 25 – 29, 2015

- 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 Kit Carson Middle School Trip to Washington, D. C., May 25 – 29, 2015

**Background/Rationale:** May 25 – 29, 2015 18 Kit Carson Middle School students and two teacher chaperones will travel by commercial airlines to Washington, D. C. Students will visit historic sites they have been studying in American History classes.

**Financial Considerations:** No cost to the district. Expenses paid through parent contribution and fundraising.

**LCAP Goal(s):** College and Career Ready Students

**Documents Attached:**

1. Out of State Field Trip Documents

<p><b>Estimated Time of Presentation:</b> N/A</p> <p><b>Submitted by:</b> Lisa Allen, Interim Deputy Superintendent Mary Hardin Young, Area Assistant Superintendent</p> <p><b>Approved by:</b> José L. Banda, Superintendent</p>
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Sacramento City Unified School District  
**OUT-OF-STATE OR OUT-OF-COUNTRY  
 TRAVEL REQUEST**

School Name Kit Carson International Baccalaureate Date 02/05/2015  
 Teacher's Name Shawn D'Alesandro Room # B5 Telephone # 277-6750

Field Trip Destination Washington, D.C.

Reason for travel We will be traveling to Washington, D.C. to see what we have  
been studying in our American History class. Some of the sites we will visit  
include: the monuments, the Capitol Building, the White House, and museums.

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: \_\_\_\_\_

Signed Shawn D'Alesandro  
 Teacher

Approvals: [Signature] 3/9/15  
 Principal Date

[Signature] 3/25/15  
 Risk Management Dept. Date

[Signature] 3/18/15  
 Segment Administrator Date

[Signature] 3/26/15  
 Superintendent Date

Board Approval Date \_\_\_\_\_

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 Kit Carson International Baccalaureate Candidate Date 02/05/2015

Teacher's Name Shawn D'Alesandro Room # B5 Telephone # 277-6750  
Fax # \_\_\_\_\_

Field Trip Destination Washington, D.C.

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

Route Leaving Sacramento - flying to Washington, D.C.

Educational nature of field trip/excursion We will be traveling to Washington, D.C. to see the monuments, museums, the Capitol, Supreme Court, & White House.

Depart Date 05/25/15 Time unknown am/pm Return Date 05/29/15 Time unknown 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 Individual families Financial Assistance Available?  yes  no

Number of students participating: 18

Adult Supervisors/ Drivers: DRIVER DRIVER  
1) Shawn D'Alesandro  yes  no 2) Robert Martine  yes  no  
3) \_\_\_\_\_  yes  no 4) \_\_\_\_\_  yes  no

Teachers and Staff Attending:  
1) Shawn D'Alesandro  yes  no 2) Robert Martine  yes  no  
3) \_\_\_\_\_  yes  no 4) \_\_\_\_\_  yes  no

Principal Approval [Signature] Date 2/27/15

Risk Management Approval (Unusual Activities) [Signature] Date 3/25/15

Segment Administrator Approval [Signature] Date 3/18/15

- Distribution: Refer to Field Trip Information Form RSK 106F for the forms and distribution required for each trip:
- Local Trip: (50 mile radius) - Submit to Principal for approval. Maintain all documents at site.
  - Out-Of-Town: (beyond 50 mile radius) - Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
  - Overnight Trip: Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
  - Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Segment Administrator 10 days 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 Administrator and Risk Management 6 weeks prior to trip. **Must purchase Special Event Liability Insurance.**
  - 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.

Rec'd 2/15/15

## TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

<b>Request to Attend:</b> <input type="checkbox"/> Conference/Workshop <input type="checkbox"/> Business Meeting	<b>Purpose for Attending:</b> <input type="checkbox"/> Professional Development <input type="checkbox"/> Continued Education Credits Earned	<b>Instructions:</b> This form must be completed and received in Accounts Payable at least <b>30 days</b> prior to the proposed trip- <b>60 days</b> if out-of-state.  REQ # <u>V15-01386</u>
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School/Department KIT CARSON I.B.C. MS/HS Date 2.19.2015

Date(s) of Event May 25-29, 2015 Location Washington, D.C.

Event Title (attach brochure) n/a

Purpose\* Student incentive. On hands standards aligned teaching

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

What Board goal/priority does this travel support? Policy #1 - Equity, access and achievement for every student.

How will this activity/event be used and shared? Students will share w/ peers and

Name of Attendee(s) <small>(attach sheet for additional attendees)</small>	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
Shawn D'Alesandro	English teacher	Yes	4	01-3010-0-1102-15-1110-1000-000-0450-000
Robert Martine	Special Ed teacher - LH	Yes	4	01-6500-0-1102-15-1110-1000-000-0450-000
		No		
		No		

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

<b>Approvals:</b> <div style="margin-bottom: 10px;">            Principal/Department Head <span style="float: right;"><u>2/27/15</u> Date</span> </div> <div style="margin-bottom: 10px;">            Associate Superintendent/Assistant Superintendent <span style="float: right;"><u>3/18/15</u> Date</span> </div> <div style="margin-bottom: 10px;">            Deputy Superintendent/CFO (Finance) <span style="float: right;"><u>3/19/15</u> Date</span> </div> <div style="margin-bottom: 10px;">            Superintendent or Designee <span style="float: right;"><u>3/26/15</u> Date</span> </div>	<table style="width: 100%;"> <tr> <td colspan="2">District cost for all attendees (estimate)</td> </tr> <tr> <td>Registration Fee ***</td> <td style="text-align: right; border: 1px solid black;">0.00</td> </tr> <tr> <td>Meals Included? <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D</td> <td> </td> </tr> <tr> <td>Lodging</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Transportation</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Meals</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Other</td> <td style="text-align: right;">1,339.20</td> </tr> <tr> <td><b>TOTAL</b></td> <td style="text-align: right; border: 1px solid black;"><b>\$1,339.20</b></td> </tr> </table>	District cost for all attendees (estimate)		Registration Fee ***	0.00	Meals Included? <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D		Lodging	0.00	Transportation	0.00	Meals	0.00	Other	1,339.20	<b>TOTAL</b>	<b>\$1,339.20</b>
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<b>TOTAL</b>	<b>\$1,339.20</b>																

Categorical Budget Code(s): 01-3010-0-1102-15-1110-1000-000-0450-000 \$ 669.60

General Fund/Unrestricted 01-6500-0-1102-15-1110-1000-000-0450-000 \$ 669.60

\*\*\*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 ****	_____