

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 8.1d

Meeting Date: May 2, 2013

<u>Subject</u>: Leonardo da Vinci EK-8 School Field Trip to Ashland, Oregon, May 29 – 31, 2013 to attend the Shakespeare Festival

Information Item Only
 Approval on Consent Agenda
 Conference (for discussion only)
 Conference/First Reading (Action Anticipated: _____)
 Conference/Action
 Action
 Public Hearing

Division: Area Assistant Superintendents

<u>Recommendation</u>: Approve Leonardo da Vinci EK – 8 School Field Trip to Ashland, Oregon, May 29 – 31, 2013 to attend the Shakespeare Festival

Background/Rationale: May 29 – 31, 2013 students from Leonardo da Vinci EK - 8 School's Shakespeare Club, Ellen Chapman, Sponsor, will travel via private vehicles to Ashland, Oregon to see four plays at the Shakespeare Festival. This experience will allow club members to experience acclaimed literature performed professionally, allowing them to study and enjoy King Lear, Taming of the Shrew and My Fair Lady. Additionally, students will attend a student tour, and a workshop with one of the OSF actors. Parent drivers will provide transportation for the 25 students, 2 teacher chaperones, and 11 parent chaperones. Students will be accompanied by chaperones to all plays. All parties will depart from Leonardo da Vinci EK - 8 School on Wednesday, May 29, 2013 at 9:00 a.m. and return to Leonardo da Vinci EK - 8 School Friday, May 31, 2013, at approximately 4:00 p.m. Emergency information will accompany the students with the drivers. Students and chaperones will stay at Southern Oregon University.

Financial Considerations: No cost to the district. Expenses paid through parent contribution and fund raising.

Documents Attached: Out of State Field Trip Documents

Estimated Time of Presentation: N/A **Submitted by**: Mary Hardin-Young, Area Assistant Superintendent **Approved by**: Jonathan P. Raymond, Superintendent

Print For	n -
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 Leonardo da Vinci EK - 8 School Date 4/1/13	
Teacher's Name Mark Sirard Room # 35 Telephone # 6496 Fax # 6806	
Field Trip Destination Ashland, Oregon: Shakespeare Festival	
Local (50 mile radius) Out-of-Town (Beyond 50 mile radius) 🗹 Overnight	
✓ Out-of-State/Country □ Involving Swimming or Wading □ Unusual Activities Route see attached driver instructions - map □ □ □ □	
Educational nature of field trip/excursion English-Language Arts Curriculum	
Depart Date <u>5/29/13</u> Time <u>9:00 am am/pm</u> Return Date <u>5/31/13</u> Time <u>6:00 pm am/pm</u>	
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. 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 class funds Financial Assistance Available? yes no	
Number of students participating: <u>35</u>	
Adult Supervisors/ Drivers: DRIVER DRIVER	
1) see attached vehicle assignments yes no 2) yes no 3) yes no 4) yes no	
Teachers and Staff Attending:	
1) Mark Sirard yes no 2) yes no 3) yes no 4) yes no Principal Approval Date 1/3 Date 1/3 Risk Management Approval (Unusual Activities) Date 1/7/13 Date 1/7/13	
Segment Administrator Approval MKMMMg Date 4/2/13	
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. <u>Out-Of-Town</u>: (beyond 50 mile radius) - Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip. <u>Overnight Trip:</u> Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip. <u>Trip Involving Swimming or Wading</u>: Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip. <u>Trip Involving Unusual Activities</u> (Water sports or high risk activities such as rafting, snorkeling, rock climbing, skiing, etc.) - Submit to Principal for approval then forward to Segment 6 weeks prior to trip. Must purchase Special Event Liability Insurance. 	
6. <u>Out-of-State/Country</u> : 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 <u>automatically rejected by the Board</u> .	
Maintain a copy of all forms at site for 2 years. Approved forms will be returned by Segment Administrator	t)categy B
8/20/07 Rev C Field Trip Request Form RSK -F106A	in the second second second second
► APR - 7 2013	No rategy

APR - 7 2013

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

Print Form

Submit by Email?

School Name Date 4/1/13/2000 Date Date Teacher's Name Mark Strard Mark Strard Teacher's Name Mark Strard

Field Trip Destination

Reason for travel LdW shakespeare Club members will travel to Ashland to see

performances and to participate in drama-related workshops

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: see attached

Signed Teacher Approvals: Management Dept. nerit Administrator uperintendent Date

Board Approval Date

TRAVEL REQUEST FORM (ACC-F014) Sacramento City Unified School District

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Request to Attend:	Purpose for Attending:			Instructions: This form must be completed and received in Accounts Payable at least 30 days prior to the				
Conference/Workshop	Professional Development				east 30 days prior 5- 60 days if out-o			
Business Meeting	Continued Education Credits Earned			REQ # n/a				
School/Department Leonardo Da Vinci EK - 8 School Date 4/1/13								
Date(s) of Event 5/29/13 - 5/31/13 Location Ashland, Oregon								
Event Title (attach brochure) Shakespeare Festival								
To accompany 8th Grade Shakespeare Club members to the Ashland Shakespeare Festival. The trip is fully funded through parent payment and Purpose* fund raising. No expense to the District								
*(what value does this activity give students, attendees, staff, department/site or community?)								
How does this travel align with the District's strategic plan? Supports ELA Curriculum								
How will this activity/event be used and shared? Presentations of the experience will be used as part of classroom instruction.								
Name of Attendee(s) Position Substitute			ubstitute No.	No. of Days Budget Code				
Mark Sirard		lle School ELA	(Y/N)** Re	equired	(for substitute))-0-1102-10-1110-100(-121-0151-000		
			No	01-000		-121-0101-000		
			No					
			No		·····			
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**IF A SUBSTITUTE IS NEEDED, S Approvals:	END A COPY OF THIS FORM	TO PERSONNEL, BOX			itional Attendees A			
	$\boldsymbol{\Lambda}$	ulia 10			ttendees (estimate stration Fee ***	0.00		
Principal/Department Head Signature & Print Name Date Date Meals include					L.			
$\frac{Date}{M_{M}} = \frac{4/5/13}{B \Box \Box \Box}$								
Cabinet Level of Designee Signe	Cabinet Lever or Designee Semature							
Chief Business Officer Signature								
Superintendent or Designee Signature Date				her				
TOTAL \$ 0.00								
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 check			-		e (with AP) to pick u	p check		
	Requisit	ion #	Do	llar Amount				
Registration Fee								
Hotel Airfare ****								
Car Rental ****				· · · · · · · · · · · · · · · · · · ·				
**** If airfare or car rental is requested, send a copy of this form to Purchasing, Box 830								
Rev.F 3-22-11 ACC-F014 Page 1 of 1								
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Sacramento City Unified School District OVERNIGHT TRIPS HOTEL ACCOMMODATIONS INFORMATION (RSK-F106H)

Hotel Name Southing Oregon University Date Reserved 5729-31/13
Address 1250 Stshiyon Ford City, Asuland Oregon zip 97520
Reservations Contact Person: Sne Hart
Telephone # 541/552-6375 Fax # 541/552-6380
Total Rooms Reserved
Room #s
Signed <u>fillen H. Chang</u> Teacher
Approvals: ADD 3/13/13
Principal Date
$(1) \wedge (1) $

Segment Administrator

<u>4/5/13</u> Date