



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 8.1d

Meeting Date: March 3, 2016

Subject: Approve CK McClatchy High School Field Trip to Oregon Shakespeare Festival in Ashland, Oregon from March 30 to April 1, 2016

- 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 CK McClatchy High School Field Trip to Ashland, Oregon from March 30 to April 1, 2016

Background/Rationale: On March 30 through April 1, 2016, students from CK McClatchy High School will travel by car to Ashland, Oregon to attend the Oregon Shakespeare Festival. There will be four chaperones attending with 20 students.

Financial Considerations: There will be no cost to the district. Expenses will be paid through parent contribution and fundraising.

LCAP Goal(s): College and Career Ready Students

Documents Attached:

1. Out of State Field Trip Documents

Estimated Time of Presentation: N/A

Submitted by: Lisa Allen, Interim Deputy Superintendent
Mary Hardin Young, Area Assistant Superintendent

Approved by: Jose L. Banda, Superintendent

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 C.K. McClatchy High School Date 1/7/2016

Teacher's Name Tim Douglas Room # 212 Telephone # 264-4400
Fax # 264-4499

Field Trip Destination 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 I-5 North to Ashland Oregon

Educational nature of field trip/excursion View great works of drama including William Shakespeare

Depart Date 3/30/16 Time 9 am/pm Return Date 4/1/16 Time 4 pm 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: Rent

Funding Source student provided Financial Assistance Available? yes no

Number of students participating: 20

Adult Supervisors/ Drivers: DRIVER DRIVER
1) _____ yes no 2) _____ yes no
3) _____ yes no 4) _____ yes no

Teachers and Staff Attending:

1) Bridget Martinez yes no 2) Tim Douglas yes no
3) Lori Jablonski yes no 4) Tim Griffin yes no

Principal Approval [Signature] Date 1/8/16

Risk Management Approval (Unusual Activities) [Signature] Date 2/18/16

Segment Administrator Approval [Signature] Date 2-18-16

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

1. **Local Trip:** (50 mile radius) - Submit to Principal for approval. Maintain all documents at site.
2. **Out-Of-Town:** (beyond 50 mile radius) - Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
3. **Overnight Trip:** Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
4. **Trip Involving Swimming or Wading:** Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
5. **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.
6. **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

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

School Name C.K. McClatchy High School Date 1/8/2016
Teacher's Name Tim Douglas Room # 212 Telephone # 9162644400

Field Trip Destination Oregon Shakespeare Festival

Reason for travel view plays


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.

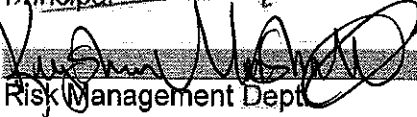
n/a

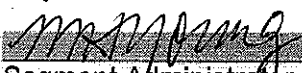
Attach a detailed itinerary for each day: _____


Signed 
Teacher

Approvals:

 1/8/16
Principal Date

 2/18/16
Risk Management Dept Date

 2-18-16
Segment Administrator Date

 2/19/16
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 C.K. McClatchy H.S.

Date 1/8/2016

Date(s) of Event 3/30/2016-4/1/2016

Location Ashland, Oregon

Event Title (attach brochure) Oregon Shakespeare Festival

Purpose* View world class theater: Powerful teaching and learning

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

How does this travel align with the District's strategic plan? Powerful teaching/learning

How will this activity/event be used and shared?

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
Tim Douglas	Teacher	Yes	3	2443
Lori Jablonski	Teacher	No		
Tim Griffin	Teacher	No		
Bridget Martinez	Teacher	No		

Additional Attendees Attached

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

Approvals:

Principal/Department Head Signature & Print Name [Signature] Date 1/8/16

Cabinet Level or Designee Signature [Signature] Date 2/18/16

Chief Business Officer Signature [Signature] Date 2/19/16

Superintendent or Designee Signature [Signature] Date _____

District cost for all attendees (estimate)

Registration Fee *** _____

Meals included? B L D

Lodging _____

Transportation _____

Meals _____

Other _____

TOTAL _____

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 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