



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 8.1d

Meeting Date: April 3, 2014

Subject: Approve School of Engineering and Science Field Trip to First Robotics Competition Las Vegas, Nevada April 2 – 7, 2014

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

Department: Area Assistant Superintendents

Recommendation: Approve School of Engineering and Science Field Trip to First Robotics Competition Las Vegas, Nevada April 2 – 7, 2014

Background/Rationale: 19 students from the ROP Engineering Class along with, 9 parents, and 1 teacher from School of Engineering and Sciences will travel by private vehicle to the First Robotics Competition in Las Vegas, Nevada April 2 – 7, 2014.

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

Documents Attached: Out of State Field Trip Documents

Estimated Time of Presentation: N/A

Submitted by: Lisa Allen, Chief of Schools

Tu Moua-Carroz, Area Assistant Superintendent

Approved by: Sara Noguchi, Ed. D., 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 School of Engineering and Sciences Date 3/11/2014

Teacher's Name Ken Davis Room # B5 Telephone # 9255255049
Fax # _____

Field Trip Destination Cashman Convention Center Las Vegas, NV

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

Route | 5 -

Educational nature of field trip/excursion First Robotics Competition for ROP Engineering Class

Depart Date 4/2/14 Time 4:00 am am/pm Return Date 4/7/14 Time 9:00 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: _____

Funding Source N/A Financial Assistance Available? yes no

Number of students participating: 17

Adult Supervisors/ Drivers:	DRIVER		DRIVER
1) <u>Olivia Wong/E. Aponte</u>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	2) <u>Michael Wong/Daryl Beatty</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
3) <u>Berta Serrato/Renee Quan/M Kiley</u>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	4) <u>John Bulfer/Leslie Jones</u>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no

- Teachers and Staff Attending:
- 1) Ken Davis, drive self only yes no
 - 2) _____ yes no
 - 3) _____ yes no
 - 4) _____ yes no

Principal Approval *M. Turie* Date 03/11/14

Risk Management Approval (Unusual Activities) *Ken Davis* Date 3/13/14

Segment Administrator Approval *J. Moore* Date 3/13/14

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

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

Request to Attend: <input type="checkbox"/> Conference/Workshop <input type="checkbox"/> Business Meeting	Purpose for Attending: <input type="checkbox"/> Professional Development <input type="checkbox"/> Continued Education Credits Earned	Instructions: This form must be completed and received in Accounts Payable at least 60 days prior to the proposed trip; 60 days if out-of-state. REQ # _____
--	---	--

School/Department: School of Engineering and Sciences Date: 3/11/2014

Date(s) of Event: April 2, 3, 4, 5, 6, 7/2014 Location: Cashman Convention Center

Event Title (attach brochure): FRC Robotics Competition - Las Vegas Regionals

Purpose*: Robotics Competition

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

How does this travel align with the District's strategic plan? Career Readiness

How will this activity/event be used and shared? Engineering Program

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N) **	No. of Days Required	Budget Code (for substitute)
<u>Ken Davis</u>	<u>Teacher</u>	<u>Yes</u>	<u>4</u>	<u>01-9417-0-1102-10-1110-1000-150-0739-000</u>
		<u>No</u>		
		<u>No</u>		
		<u>No</u>		
		<u>No</u>		

Additional Attendees Attached

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

Approvals: <u>M. Tarte</u> <u>03/11/14</u> Principal/Department Head Signature & Print Name Date <u>J. Murray</u> <u>3/14/14</u> Cabinet Level or Designee Signature Date <u>[Signature]</u> <u>3/13/14</u> Chief Business Officer Signature Date <u>[Signature]</u> <u>3-13-14</u> Superintendent or Designee Signature Date	District cost for all attendees (estimate) Registration Fee *** <u> </u> Meals included? <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D Lodging <u> </u> Transportation <u> </u> Meals <u> </u> Other <u> </u> TOTAL <u>0</u>
--	--

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 ****	_____