



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 8.1e

Meeting Date: April 18, 2013

Subject: Albert Einstein Field Trip to Ashland, Oregon June 8th – 10th, 2013

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

Division: Area Assistant Superintendent

Recommendation: Approve Albert Einstein Field Trip to Ashland, Oregon June 8th – 10th, 2013

Background/Rationale: 39 students and 3 teachers from Albert Einstein Middle school will travel via charter bus to Ashland, Oregon June 8 – 10, 2013. Students will attend the Shakespeare Festival and will view live performances of plays they have studied and stay at Southern Oregon University.

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: Mary Hardin Young, Area Assistant Superintendent

Approved by: Jonathan P. Raymond, 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 Albert Einstein Middle School Date October 22, 2012

Teacher's Name Mrs. Marie Rodriguez Room # 18 Telephone # 228-5800
Fax # 228-5813

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 Charter Bus I-5 North towards Redding all the way to Oregon

Educational nature of field trip/excursion Students will experience theater, Shakespeare, Ashland, and college campus living.

Depart Date 6/8 Time TBD am/pm Return Date 6/10 Time TBD 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 Student Families & Fundraising Financial Assistance Available? yes no

Number of students participating: 44

Adult Supervisors/ Drivers: DRIVER DRIVER
1) Amador Sage Lines yes no 2) Anel Zarate yes no
3) Phuon Nhi Tran yes no 4) _____ yes no

Teachers and Staff Attending:
1) Marie Rodriguez yes no 2) Gary Kretzschmar yes no
3) Anna Ruggiero yes no 4) _____ yes no

Principal Approval GAEU Date 11-9-12

Risk Management Approval (Unusual Activities) Shirley Richardson Date 3/13/13

Segment Administrator Approval Manning Date 3/13/13

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 30 days prior to the proposed trip- 60 days if out-of-state. REQ # _____
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School/Department ALBERT EINSTEIN MIDDLE SCHOOL Date Nov 7, 2012

Date(s) of Event 6/8/13- 6/10/13 Location ASHLAND, OREGON

Event Title (attach brochure) OREGON SHAKESPEARE FESTIVAL

Purpose* STUDENTS WILL ATTEND LIVE PERFORMANCES OF PLAYS THEY HAVE PREVIOUSLY STUDIED IN AN EDUCATIONAL SETTING. THEY WILL ATTEND EDUCATIONAL WORKSHOPS AND PARTICIPATE IN GROUP DISCUSSIONS.

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

How does this travel align with the District's strategic plan? PILLAR 1-CAREER AND COLLEGE READY STUDENTS. THIS EVENT IS HELD ON A COLLEGE CAMPOUSE EXPOSING THE STUDENTS TO COLLEGE SETTING AND PROGRAMS

How will this activity/event be used and shared? ENRICHMENT ACTIVITIES WILL BE USED IN CLASSROOMS UPOPN RETURN.

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
MARIE RODRIGEZ	TEACHER	Yes	1	01-0000-0-1102-10-1110-1000-141-0410-000
ANNA RUGGIERO	TEACHER	Yes	1	01-0000-0-1102-10-1110-1000-141-0410-000
GARY KRETSZCHMAR	TEACHER	Yes	1	01-0000-0-1102-10-1110-1000-141-0410-000
		No		
		No		

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

Approvals:

Principal/Department Head Signature & Print Name [Signature] Date 11-9-12

Cabinet Level or Designee Signature [Signature] Date 3/13/13

Chief Business Officer Signature [Signature] Date 3/15/13

Superintendent or Designee Signature [Signature] Date 3/18/13

District cost for all attendees (estimate)

Registration Fee *** 0.00

Meals included? Yes

B L D

Lodging _____

Transportation _____

Meals _____

Other _____

TOTAL \$ 0.00

Categorical Budget Code(s): _____ \$ 0.00

General Fund/Unrestricted _____ \$ 0.00

***If any meals are included in the cost of registration, how many of each: Breakfast 2 Lunch 2 Dinner 2

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 ****	_____

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

School Name Albert Einstein Middle School Date October 22, 2012
 Teacher's Name Mrs. Marie Rodriguez Room # 18 Telephone # 228-5800

Field Trip Destination Ashland Oregon-Oregon Shakespeare Festival

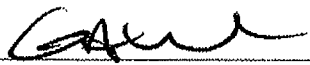
Reason for travel Students will view live performances of plays they have
previously studied.

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.

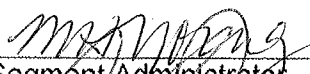
Attach a detailed itinerary for each day: See attached page


Signed Mrs. Marie Rodriguez
 Teacher

Approvals:

 8.12.13
 Principal Date

 3/13/13
 Risk Management Dept. Date

 3/13/13
 Segment Administrator Date

 3/18/13
 Superintendent Date

Board Approval Date _____

Sacramento City Unified School District
OVERNIGHT TRIPS HOTEL ACCOMMODATIONS INFORMATION (RSK-F106H)

Hotel Name Southern Oregon University Date Reserved Saturday June 8th
Address 1250 Siskiyou Blvd City, Ashland, Oregon zip 97620 till
Reservations Contact Person: Sue Hart & Kylee Rohrbacker Monday
Telephone # (541) 552-6039 Fax # _____ June 9th
Email: hart@sou.edu & rohrbackk@sou.edu

Total Rooms Reserved 24
Room #s _____

Don't know yet

Signed MM Peer
Teacher

Approvals:

<u>Gawl</u>	<u>3.12.13</u>
Principal	Date
<u>M. H. H. H.</u>	<u>3/13/13</u>
Segment Administrator	Date