



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 8.1e

Meeting Date: April 23, 2015

Subject: Approve Albert Einstein Field Trip to Ashland, Oregon June 4 – 6, 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 Albert Einstein Field Trip to Ashland, Oregon June 4 – 6, 2015.

Background/Rationale: June 4 – 6, 2015 40 Albert Einstein students and 4 teacher chaperones will travel by charter bus to Ashland, Oregon to attend the Shakespeare Festival attending two plays.

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>Estimated Time of Presentation: N/A</p> <p>Submitted by: Lisa Allen, Interim Deputy Superintendent Mary Hardin Young, Area Assistant Superintendent</p> <p>Approved by: José L. Banda, Superintendent</p>

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 Date march 17th 2015

Teacher's Name Marie Rodriguez Room # 18 Telephone # 595-4854
Fax # 228-5813

Field Trip Destination Ashland, Oregon-Southern Oregon University

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

Route Interstate 5

Educational nature of field trip/excursion Students will be attending two plays and staying in college dorms

Depart Date 6/4/15 Time 7:15 am am/pm Return Date 6/6/15 Time 2pm 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 Students Financial Assistance Available? yes no

Number of students participating: 40

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

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

Principal Approval [Signature] Date 3/20/15
Risk Management Approval (Unusual Activities) [Signature] Date 3/20/15
Segment Administrator Approval [Signature] Date 3-24-15

- 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 checked="" type="checkbox"/> Conference/Workshop <input type="checkbox"/> Business Meeting	Purpose for Attending: <input checked="" 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: 3/18/15

Date(s) of Event: JUNE 4-6, 2015 Location: SOUTHERN OREGON UNIVERSITY, ASHLAND, OREGON

Event Title (attach brochure): OREGON SHAKESPEARE FESTIVAL

Purpose*: TO EXPERIENCE LIVE PRODUCTIONS OF SHAKESPEARE'S PLAYS STUDENTS HAVE STUDIED IN CLASS WHILE ON A COLLEGE CAMPUS WITH EXPOSURE TO COLLEGE LIFE.

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

How does this travel align with the District's strategic plan? PILAR 1 COLLEGE AND CAREER READY STUDENTS.

How will this activity/event be used and shared? THROUGH DIRECT PRESENTATION

Name of Attendee(s) <small>(attach sheet for additional attendees)</small>	Position	Substitute (Y/N)**	No. of Days Required	Budget Code <small>(for substitute)</small>
MARIE RODRIGUEZ	TEACHER	Yes	1	01-0007-0-1102-10-1110-2140-000-0410-000
GARY KRETZSCHMAR	TEACHER	Yes	1	01-0007-0-1102-10-1110-2140-000-0410-000
ANA RUGGIERO	TEACHER	Yes	1	01-0007-0-1102-10-1110-2140-000-0410-000
GIOVANNI BOONE	TEACHER	Yes	1	01-0007-0-1102-10-1110-2140-000-0410-000
		No		

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

Approvals:

Garrett Kirkland Garrett Kirkland 3/20/15
 Principal/Department Head Signature & Print Name Date

[Signature] 3-24-15
 Cabinet Level or Designee Signature Date

[Signature] 3/25/15
 Chief Business Officer Signature Date

[Signature] 3/26/15
 Superintendent or Designee Signature Date

District cost for all attendees (estimate)

Registration Fee *** 0.00

Meals included? B L D

Lodging _____

Transportation _____

Meals _____

Other _____

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 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