



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 8.1h

Meeting Date: May 1, 2025

Subject: Approve John F. Kennedy field trip to Washington, D.C. May 19-24, 2025

- ☐ 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 John F. Kennedy field trip to Washington, D.C. May 19-24, 2025

Background/Rationale: On May 19, 9 students and three chaperones will travel via commercial airline to Washington, D.C. to gain knowledge about US Government and history.

Financial Considerations: There is no cost to the district. Expenses will be paid by student fundraising.

LCAP Goal(s): College preparedness, increasing communication and critical thinking skills.

Documents Attached:

1. Out-of-state field trip documents

Estimated Time of Presentation: N/A

Submitted by: Mary Hardin Young, Deputy Superintendent
Tuan Doung, Assistant Superintendent

Approved by: Lisa Allen, Superintendent

Sacramento City Unified School District
FIELD TRIP REQUEST FORM
(USE A SEPARATE FORM FOR EACH TRIP)

Parent Permission Form is required for each student. See below reference distribution section for details concerning each type of trip.

School Name JOHN F. KENNEDY Date 02 / 03 / 25
Teacher's Name KEN O'FLAHERTY Room # B10 Telephone # 395 5090 Fax # _____
Field Trip Destination WASHINGTON D.C.

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

Route (must provide written directions our map)

SACRAMENTO - WASHINGTON D.C.

Educational nature of field trip/excursion LEARN ABOUT US HISTORY / GOVERNMENT

Depart Date 05 / 19 / 25 Time 6:00 am/pm am Return Date 05 / 24 / 25 Time 8:00 am/pm am

TRANSPORTATION will be provided by: ☐ Walking ☐ School Bus - contact Transportation Field Trip Office ☐ Train
☐ Charter Bus Company (District Approved): ☐ Yes ☐ No (Check with Field Trip Office) ☐ Public Transportation
☐ Private Vehicle/Parent Driver/Faculty Driver - Complete Volunteer Personal Automobile Use Form for each vehicle and driver.
☒ Commercial Airline ☐ Other: _____

Number of students participating: 9 Funding Source FUNDRAISING Financial Assistance Available? ☒ Yes ☐ No

Adult Chaperones:

(All clearances must be met prior to Field Trip Approval)

(Use a separate sheet if necessary)

	DRIVER							
1) <u>OFF. LILIA VASQUEZ</u>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB		
2) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB		
3) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB		
4) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB		
5) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB		
6) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB		
7) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB		
8) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB		

Teachers and Staff Attending (Use a separate sheet if necessary)

	DRIVER			DRIVER	
1) <u>KRISTEN GUDIN</u>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	2) <u>KEN O'FLAHERTY</u>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
3) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	4) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no
5) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	6) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no

Principal Approval [Signature] Date 3/11/25

Segment IAS/Department Head Approval [Signature] Date 3/13/25

Risk Management Approval (if applicable) [Signature] Date 4/2/25

Distribution: Refer to the Field Trip Information Form RSK 106F for the forms and distribution required for each trip. All field trips require a completed packet. Maintain all documents at site:

- Local Trip (walking): Submit walking trips to Principal for approval two weeks prior to trip.
- Local Trip (school bus/charter bus/RT/Amtrak): (50-mile radius) - Submit to Principal for approval two weeks prior to trip.
- Local Trip: (50-mile radius; driver) - Submit driver led trips to Principal for approval 6 weeks prior to trip.
- Out-of-Town: (beyond 50-mile radius) - Submit to Principal for approval then forward to Segment IAS/Department Head for approval 6 weeks prior to trip.
- Overnight Trip: Submit to Principal for approval then forward to Segment IAS/Department Head for approval 6 weeks prior to trip.
- Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Segment IAS/Department Head for approval 6 weeks prior to trip.
- 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 IAS/Department Head/Risk Management for approval 6 weeks prior to trip. This may require Special Event Liability Insurance.
- Out-of-State/Country: Submit to Principal for approval then forward to Segment IAS/Department Head for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Segment IAS office will place field trip item on Board Agenda for final approval.
- Approved forms will be returned by Segment IAS/Department Head's Office. Maintain a copy of all forms at site for 2 years.
- Venue/Destination: Must comply with SCUSD COVID19 mitigation guidelines for all trips outside of district facilities.

Reviewed by Site Office Manager [Signature]

(Initials)

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

School Name JOHN F. KENNEDY Date 02/03/25
Teacher's Name KEN O'FLAHERTY Room # B10 Telephone # 395-8890
Field Trip Destination WASHINGTON D.C.
Reason for travel SENIOR TRIP

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 to Risk Management for review before signing. Attach a detailed itinerary for each day

Signed

Teacher

Approvals:

Principal

Date

Risk Management Dept.

Date

Segment Administrator

Date

Superintendent

Date

Board Approval Date

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. REO # _____
School/Department <u>JOHN F. KENNEDY</u>		Date <u>02/18/25</u>
Date(s) of Event <u>05/19/25 - 05/24/25</u>		Location <u>WASHINGTON D.C.</u>
Event Title (attach brochure) <u>WORKBASED TRIP</u>		
Purpose* <u>CTE : US GOVERNMENT / US HISTORY</u>		
*What value does this activity give students, attendees, staff, department/site or community?		
How does this travel align with the District's strategic plan? <u>STUDENTS WILL BE COLLEGE AND CAREER READY</u>		
How will this activity/event be used and shared? <u>PRESENTATIONS</u>		
Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)*
<u>KRISTEN GORDON</u> <u>KEN O'FLAHERTY</u> <u>OFF. LILIA VASQUEZ</u>	<u>TEACHER</u> <u>TEACHER</u> <u>OFFICER</u>	No <input checked="" type="checkbox"/> <u>5</u> No <input checked="" type="checkbox"/> <u>5</u> No <input checked="" type="checkbox"/> No No
		No. of Days Required
		<u>5</u> <u>5</u>
		Budget Code (for substitute)
<input type="checkbox"/> Additional Attendees Attached		
**IF A SUBSTITUTE IS NEEDED, SEND A COPY OF THIS FORM TO PERSONNEL, BOX 770		
Approvals:		District cost for all attendees (estimate)
Principal/Department Head Signature & Print Name <u>[Signature]</u>		Registration Fee *** <u> </u>
Cabinet Level or Designee Signature <u>[Signature]</u>		Meals included? <input checked="" type="checkbox"/>
Chief Business Officer Signature <u>[Signature]</u>		Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>
Superintendent or Designee Signature <u>[Signature]</u>		Lodging _____
Date <u>3/11/25</u> <u>4/8/25</u> <u>04/09/25</u> <u>4/11/25</u>		Transportation _____
Date _____		Meals _____
Date _____		Other _____
Date _____		TOTAL <u>0</u>
<input type="checkbox"/> Categorical		Budget Code(s): <u>Paid by Fundraising</u>
<input type="checkbox"/> 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		