



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 9.1e

**Meeting Date:** May 21, 2015

**Subject:** Approve Leonardo da Vinci 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 Leonardo da Vinci Field Trip to Ashland, Oregon June 4 - 6, 2015

**Background/Rationale:** June 4 – 6, 2015 students from Leonardo da Vinci will travel to Ashland, Oregon to attend the Shakespeare Festival accompanied by 6 parent chaperones and 1 teacher. They will see plays and participate in behind the scenes workshops and a prologue. Transportation will be provided by parent drivers.

**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

**Estimated Time of Presentation:** N/A

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

**Approved by:** José L. Banda, Superintendent

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

School Name LEONARDO DA VINCI Date 12-08-2014

Teacher's Name MARK STRARD Room # 35 Telephone # 277-6496

Field Trip Destination ASHLAND OREGON

Reason for travel TO VIEW PLAYS AT THE OREGON SHAKESPEARE FESTIVAL ATTEND ACTING  
WORKSHOPS AND PARTICIPATE IN DISCUSSIONS WITH ACTORS AND DIRECTORS WHICH  
SUPPORTS OUR SCHOOL'S SHAKESPEARE CLUB INSTRUCTION AND DRAMA CLUB THAT  
PERFORM A SHAKESPEARE PLAY

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: See Attached

Signed [Signature]  
Teacher

**Approvals:**

[Signature] 3/16/15  
Principal Date

[Signature] 4/23/15  
Risk Management Dept. Date

[Signature] 4-21-15  
Segment Administrator Date

[Signature] 4/24/15  
Superintendent Date

Board Approval Date

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 Leonardo da Vinci Date December 8, 2014

Teacher's Name Mr. Mark Sirard Room # 35 Telephone # 277-6496  
Fax # 277-6806

Field Trip Destination Ashland OR

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

Route \_\_\_\_\_

Educational nature of field trip/excursion Shakespeare Club to see plays and attend educational workshops.

Depart Date 6/4/2015 Time 9 am am/pm      Return Date 6/6/2015 Time 11 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 Parent Contribution/school play funds    Financial Assistance Available?  yes     no

Number of students participating: 25

Adult Supervisors/ Drivers:	DRIVER	DRIVER
1) <u>Barbara Snerry</u>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	2) <u>Wendy Walker</u>
3) <u>Rose Elliott</u>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	4) <u>Williams Archbold</u>
		<input checked="" type="checkbox"/> yes <input type="checkbox"/> no

Teachers and Staff Attending:

1) <u>Mark Sirard</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	2) <u>Tiffany Ballard</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

Principal Approval [Signature] Date 4/20/15

Risk Management Approval (Unusual Activities) [Signature] Date 4/23/15

Segment Administrator Approval [Signature] Date 4-21-15

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

<b>Request to Attend:</b> <input checked="" type="checkbox"/> Conference/Workshop <input type="checkbox"/> Business Meeting	<b>Purpose for Attending:</b> <input type="checkbox"/> Professional Development <input type="checkbox"/> Continued Education Credits Earned	<b>Instructions:</b> 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: LEONARDO DA VINCI Date: 12-08-2014

Date(s) of Event: 06/04/2015-06/06/2015 Location: ASHLAND, OREGON

Event Title (attach brochure): SHAKESPEARE FESTIVAL 2015

Purpose\*: FIELD TRIP: Shakespeare club to see plays and attend educational workshops.

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

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

How will this activity/event be used and shared?

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>
Mark Sirard	Language Arts	Yes	3	01-0000-0-1102-10-1110-1000-000-0151-000
Stan Adrolowicz	Science	Yes	3	01-0000-0-1102-10-1110-1000-000-0151-000
		No		
		No		
		No		

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

<b>Approvals:</b> <div style="margin-bottom: 10px;">                  _____                  Principal/Department Head Signature &amp; Print Name             </div> <div style="margin-bottom: 10px;">                  _____                  Cabinet Level or Designee Signature             </div> <div style="margin-bottom: 10px;">                  _____                  Chief Business Officer Signature             </div> <div>                  _____                  Superintendent or Designee Signature             </div>	District cost for all attendees (estimate) Registration Fee *** <span style="float: right;">0.00</span> Meals included? <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging _____ Transportation _____ Meals _____ Other _____ <b>TOTAL \$ 0.00</b>
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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 ****	_____