



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 9.1e

Meeting Date: April 5, 2018

Subject: Approve Rosemont High School Field Trip to Louisville, Kentucky
April 27-30, 2018

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

Division: Academic Office

Recommendation: Approve Rosemont High School Field Trip to Louisville, KY from April 27, 2018 to April 30, 2018.

Background/Rationale: On April 27, 2018 a group of two students, one parent chaperone, one adult chaperone and one teacher chaperone from Rosemont High School will travel via commercial airline to Louisville, KY to participate in the Speech and Debate Tournament of Champions at the University of Kentucky.

Financial Considerations: No cost to the district.

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: Iris Taylor, Chief Academic Officer

Chad Sweitzer, Instructional Assistant Superintendent

Approved by: Jorge A. Aguilar, 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 field trip. See below reference distribution section for details concerning each type of trip.

School Name Rosemont High School Date 4/27/2018 / to 4/30/2018
 Teacher's Name Stephen Goldberg Room # _____ Telephone # (916) 712-0782
 Fax # _____

Field Trip Destination University of Kentucky

- Local-50 mile radius (bus/walking) Local-50 mile radius (driver led trips) Out-of-Town (Beyond 50 mile radius)
(forward directly to Field Trip Office)
- Overnight Out-of-State/Country Involving Swimming or Wading Unusual Activities

Route Uber: 50 W to I5N to SMF airport. Flying to SDF International Airport (Louisville, KY) from SMF

Educational nature of field trip/excursion Speech and Debate

Depart Date 4 / 27 / 18 Time 11:00 am/pm Return Date 4 / 30 / 2018 Time 1130 am/pm

- TRANSPORTATION** will be provided by: Walking School Bus - contact Transportation Field Trip Office
 Charter Bus Company (certified): Yes No - Check with Field Trip Office
 Private Vehicle/Parent Driver/Faculty Driver - Complete Volunteer Personal Automobile Use Form for each vehicle and driver, must have fingerprint clearance (check with Human Resources for fingerprint clearances)
 Public Transportation Train Commercial Airline Other: _____

Funding Source SUDL and Family Contribution Financial Assistance Available? Yes No

Number of students participating: 2

- Adult Chaperones/Drivers: DRIVER DRIVER
- 1) Mark Hernandez yes no 2) Andrea Raymond yes no
 3) _____ yes no 4) _____ yes no

- Teachers and Staff Attending:
- 1) Stephen Goldberg yes no 2) _____ yes no
 3) _____ yes no 4) _____ yes no

Principal Approval [Signature] Date 3/28/18

Risk Management Approval (Unusual Activities) [Signature] Date 3/21/18

Segment Administrator Approval [Signature] Date 3-1-18

Distribution: Refer to the Field Trip Information Form RSK 106F for the forms and distribution required for each trip:

1. **Local Trip (school or charter bus):** (50-mile radius) - Submit to Principal for approval. Maintain all documents at site and forward a copy to Segment Administrator.
2. **Local Trip:** (50-mile radius: driver led, walking trip) - Submit driver led trips to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip. Submit walking trips to Principal for approval then forward to Segment Administrator for approval 2 weeks prior to trip.
3. **Out-of-Town:** (beyond 50-mile radius) - Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
4. **Overnight Trip:** Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
5. **Trip Involving Swimming or Wading:** Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
6. **Trip Involving Unusual Activities (Water sports or high risk activities such as rafting, snorkelling, rock climbing, skiing, etc.)** - Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip. This may require **Special Event Liability Insurance**.
7. **Out-of-State/Country:** Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Segment Administrator will place field trip item on Board Agenda. Trips not submitted to Segment Administrator 6 weeks prior to trip will be considered automatically rejected by the Board of Education.
8. **Approved forms will be returned by Segment Administrator. Maintain a copy of all forms at site for 2 years.**

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

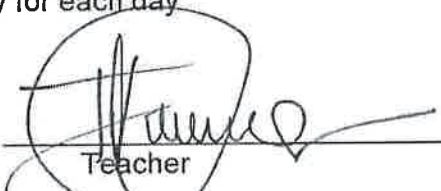
School Name Rosemont High School Date 4/27/18 / - / 4/30/18

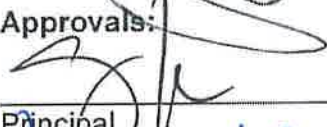
Teacher's Name Stephen Goldberg Room # _____ Telephone # (916) 712-0782

Field Trip Destination University of Kentucky

Reason for travel Speech and Debate Tournament - Tournament of Champions

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:
 2 / 28 / 18
 Principal Date

 3 / 2 / 18
 Risk Management Dept. Date

 3 / 1 / 18
 Segment Administrator Date

 3 / 15 / 18
 Superintendent Date

/ /
 Board Approval Date

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

| | | |
|--|--|--|
| Request to Attend: <input checked="" type="checkbox"/> Conference/Workshop <input checked="" 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 # _____ |
|--|--|--|

School/Department Rosemont High Date _____

Date(s) of Event 4/26/18-4/30/18 Location University of Kentucky

Event Title (attach brochure) Debate Tournament of Champions

Purpose* Debate Tournament

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

How does this travel align with the District's strategic plan?
Competition in policy debate.

| Name of Attendee(s) (attach sheet for additional attendees) | Position | Substitute (Y/N)** | No. of Days Required | Budget Code (for substitute) |
|--|----------------------------|-----------------------|-------------------------|---------------------------------|
| Mark A. Hernandez Sr. | Executive Director of SUDL | No | | n/a |
| | | No | | |
| | | No | | |
| | | 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 <u>2/28/18</u> Date _____ Cabinet Level or Designee Signature <u>3-1-18</u> Date _____ Chief Business Officer Signature <u>3-1-18</u> Date _____ Superintendent or Designee Signature <u>3/5/18</u> Date | District cost for all attendees (estimate) Registration Fee *** <u>0</u> Meals included? <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging <u>0</u> Transportation <u>0</u> Meals <u>0</u> Other <u>0</u> TOTAL <u>0</u> |
|---|---|

Categorical Budget Code(s): _____ \$ 0

General Fund/Unrestricted _____ \$ 0

***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 **** _____ | _____ |