



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 9.1f

Meeting Date: April 20, 2017

Subject: Approve John F. Kennedy High School Field Trip to Washington, DC
from May 4-10, 2017

- 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 High School Field Trip to Washington, DC from May 4, 2017 – May 10, 2017.

Background/Rationale: On May 4, 2017 – May 10, 2017, students from John F. Kennedy High School will travel by commercial airline to Washington, DC to study our nation's government and history.

Financial Considerations: There is no cost to the District. Expenses will be paid through 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, Deputy Superintendent

Tu Carroz, Area Assistant Superintendent

Approved by: José L. Banda, 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 John F. Kennedy High School Date 02/10/17

Teacher's Name Christoffer Herner Room # E-8 Telephone # 395-5094
Fax # _____

Field Trip Destination Washington D.C.

Local (50 mile radius) Out-of-Town (Beyond 50 mile radius) Overnight

Out-of-State/Country Involving Swimming or Wading Unusual Activities
Route Sacramento to Washington D.C.

Educational nature of field trip/excursion Students will be exposed to our nation's government and history

Depart Date 5/4/17 Time 7:00am am/pm Return Date 5/10/17 Time 5:00pm 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 Fund Raising Financial Assistance Available? yes no

Number of students participating: 13

Adult Supervisors/ Drivers: DRIVER DRIVER
1) Ofc. Rose Cabrera yes no 2) Ofc. Sam Davis yes no
3) _____ yes no 4) _____ yes no

Teachers and Staff Attending:
1) Christoffer Herner yes no 2) Kristen Goding yes no
3) _____ yes no 4) _____ yes no

Principal Approval [Signature] Date 2/17/17

Risk Management Approval (Unusual Activities) [Signature] Date 2/17/17

Segment Administrator Approval _____ Date 3/17/17

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

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

School Name John F. Kennedy High School Date 02/10/17
 Teacher's Name Christoffer Herner Room # E-8 Telephone # 395-5094

Field Trip Destination Washington D.C.

Reason for travel To expose graduating cadets in the Criminal Justice Academy to our government and history.

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

Signed 
 Teacher

Approvals:

 2/17/17
 Principal Date

 4/1/17
 Risk Management Dept. Date

 3/7/17
 Segment Administrator Date

 4/6/17
 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. REQ # _____
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School/Department John F. Kennedy High School Date 02/10/17

Date(s) of Event 05/04/17-05/10/17 Location Washington D.C.

Event Title (attach brochure) Senior field trip for Criminal Justice academy

Purpose* Students will learn about our system of government and history

*(what value does this activity give students, attendees, staff, department/site or community?)
Students will be college and career ready

How does this travel align with the District's strategic plan?
Students will present what they learned to the Academy

How will this activity/event be used and shared?
Students will present what they learned to the Academy

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>
Christoffer Herner	Teacher	Yes <input type="checkbox"/>	5	
Kristen Goding	Teacher	Yes <input type="checkbox"/>	5	
Ofc. Rose Cabrera	Police Officer	No		
Ofc. Sam Davis	Police Officer	No		
		No		

Additional Attendees Attached

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

Approvals: Principal/Department Head Signature & Print Name _____ Date <u>3/7/17</u> Cabinet Level or Designee Signature _____ Date <u>3/4/17</u> Chief Business Officer Signature _____ Date <u>4/6/17</u> Superintendent or Designee Signature _____ Date _____	District cost for all attendees (estimate) Registration Fee *** _____ Meals included? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging _____ Transportation _____ Meals _____ Other _____ TOTAL _____
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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 ****	_____