



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 9.1j

**Meeting Date:** January 17, 2019

**Subject:** Approve West Campus High School Field Trip to Las Vegas, Nevada  
February 1-4, 2019

- 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 West Campus High School Field Trip to Las Vegas, NV from February 1, 2019 to February 4, 2019.

**Background/Rationale:** On February 1, 2019 a group of four students, one parent chaperone and one adult chaperone from West Campus High School will travel via commercial airline to Las Vegas, NV to participate in a debate tournament at UNLV in Las Vegas, NV.

**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:** Dr. 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 West Campus High School Date 2 / 1 / 19  
 Teacher's Name Kristi Morioka Room # na Telephone # 916-812-8796  
 Fax # \_\_\_\_\_

Field Trip Destination University of Nevada, Las Vegas

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  Hwy 99 South to I-5 south to McCarran Airport Connector. Dr to E Harmon Ave

Educational nature of field trip/excursion  Debate tournament

Depart Date 2 / 1 / 19 Time noon am/pm Return Date 2 / 4 / 19 Time 8 pm 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 private Financial Assistance Available?  Yes  No

Number of students participating: 4

Adult Chaperones/Drivers:	DRIVER	DRIVER
1) <u>Jeremy Morioka</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	2) _____ <input type="checkbox"/> yes <input type="checkbox"/> no
3) _____	<input type="checkbox"/> yes <input type="checkbox"/> no	4) _____ <input type="checkbox"/> yes <input type="checkbox"/> no

Teachers and Staff Attending:

1) <u>Kristi Morioka</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	2) _____ <input type="checkbox"/> yes <input 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 12.7.18

Risk Management Approval (Unusual Activities) [Signature] Date 12/21/18

Segment Administrator Approval [Signature] Date 12/11/18

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

- 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.
- 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.
- Out-of-Town: (beyond 50-mile radius) - Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
- Overnight Trip: Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
- Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Segment Administrator 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 Administrator 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 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.
- 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 West Campus High School Date 2 / 1 / 19  
Teacher's Name Kristi Morioka Room # na Telephone # 916-812-8796  
Field Trip Destination University of Nevada, Las Vegas  
Reason for travel Debate Tournament

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 *Lilianne Skarla*  
Teacher

**Approvals:**

*[Signature]* 12 / 7 / 18  
Principal Date

*[Signature]* 12 / 12 / 18  
Risk Management Dept. Date

*[Signature]* 12 / 11 / 18  
Segment Administrator Date

*[Signature]* 12 / 19 / 18  
Superintendent Date

/ /  
Board Approval Date

No Cost to the district

### 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 <b>30 days</b> prior to the proposed trip- <b>60 days</b> if out-of-state.  REQ # <u>N/A</u>
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School/Department West Campus High School Date Dec 10, 2018

Date(s) of Event 02/01/2019 - 02/04/2019 Location University Las Vegas

Event Title (attach brochure) GOLDEN DESERT DEBATE TOURNAMENT AT UNLV

Purpose\* Participate in large national tournament event

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

How does this travel align with the District's strategic plan? Prepare students for collage and career ready

How will this activity/event be used and shared? Team building and bonding, experience diversity, and participation with others

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
<u>Kristi Morioka</u>	<u>Chaperone/ Coach</u>	<u>No</u>	<u> </u>	<u> </u>
		<u>No</u>	<u> </u>	<u> </u>
		<u>No</u>	<u> </u>	<u> </u>
		<u>No</u>	<u> </u>	<u> </u>
		<u>No</u>	<u> </u>	<u> </u>

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

**Approvals:**

[Signature] 12-11-18  
Principal/Department Head Signature & Print Name Date

[Signature] 12-12-18  
Cabinet Level or Designee Signature Date

[Signature] 12-18-18  
Chief Business Officer Signature Date

[Signature] 12/19/18  
Superintendent or Designee Signature Date

District cost for all attendees (estimate)

Registration Fee \*\*\* 0

Meals included?  B  L  D

Lodging \_\_\_\_\_

Transportation \_\_\_\_\_

Meals \_\_\_\_\_

Other \_\_\_\_\_

TOTAL 0

Categorical Budget Code(s): \_\_\_\_\_ \$ 0.00

General Fund/Unrestricted \_\_\_\_\_ \$ 0.00

\*\*\*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 **** _____	_____