

Estimated Time of Presentation: N/A
Submitted by: Elizabeth Vigil, Principal

Approved by: Lisa Allen, Area Assistant Superintendent (Area I)

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item#_10.1d

Meeting Date: May 19, 2011
Subject: CALIFORNIA MIDDLE SCHOOL FIELD TRIP TO ASHLAND, OREGON FROM JUNE 3, 2011 – JUNE 5, 2011
□ Information Item Only □ Approval on Consent Agenda □ Conference (for discussion only) □ Conference/First Reading (Action Anticipated:) □ Conference/Action □ Action □ Public Hearing
Learning Support Unit/Department: Accountability Office
Recommendation: Approve travel request
Background/Rationale: On June 3, 4, and 5, 2011, a group of student from California Middle School will depart to Ashland, Oregon to the Shakespeare Festival. This field trip will allow students to experience acclaimed literature performed professionally, allowing students to study and enjoy Much Ado About Nothing, Don Quixote and The Servant of Two Masters. Additionally, students will attend two classes presented by members of the theater group and attend two prologue discussions.
A chartered bus from Amador Stage Lines will provide the transportation. Emergency information will accompany the students on the bus. The driver will remain with the group in Ashland to provide transportation to and from the Oregon Shakespeare Festival and the Super 8 Motel, 2350 Ashland Street, Ashland, Oregon, 97520, where all of the students, teacher and chaperons will stay.
Fifty-One students will be accompanied by their classroom teacher Michael Holt and four chaperons. Ten students will be paired with one adult for all activities. Students, parent chaperones and the teacher will leave California Middle School on Friday, June 3, 2011 at 8:30 a.m. and return to California Middle School on Monday, June 5, 2011, at approximately 6:00 p.m.
Financial Considerations: No cost to the district. Expenses paid through parent contribution and fund raising.
<u>Documents Attached:</u> Field Trip Request form, Out of State Travel Request form, Travel Request Form.

Sacramento City Unified School District

FIELD TRIP REQUEST FORM

(USE A SEPARATE FORM FOR EACH TRIP)

Parent Permission Form required for <u>each</u> student field trip, See reference distribution section for details concerning each type of trip. School Name California Middle School Date 02/15/11
Teacher's Name Michael Holt Room # 2 Telephone # 264-4550
Fax # _264-4477 Field Trip Destination Ashland Oregon
·
☐ Local (50 mile radius) ☐ Out-of-Town (Beyond 50 mile radius) ☐ Overnight
✓ Out-of-State/Country
Educational nature of field trip/excursion Shakespeare Festival & Programs at Sou
Depart Date 6/3/11 Time 8:30 am am/pm Return Date 6/5/11 Time 3:30 pm am/pm
TRANSPORTATION will be provided by:
Funding Source Students, PTSA Financial Assistance Available? • yesno
Number of students participating: 51
Adult Supervisors/ Drivers: DRIVER DRIVER
1) Scott Siden
Teachers and Staff Attending:
1) Michael Holt
Risk Management Approval (Unusual Activities)
Segment Administrator ApprovalDateDateDateDate
Distribution: Refer to Field Trip Information Form RSK 106F for the forms and distribution required for each trip:
 Local Trip: (50 mile radius) - Submit to Principal for approval. Maintain all documents at site. Out-Of-Town: (beyond 50 mile radius) - Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip. Overnight Trip: Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip. Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Segment Administrator 10 days 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 and Risk Management 6 weeks prior to trip. Must purchase Special Event Liability Insurance. 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.

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

School Name	fornia Middle School		Date 02/18/11	
Teacher's Name	Michael Holt	Room # 2	Telephone #2	54-4550
	on Ashland, Oregon			
Reason for travel	Attend 3 Plays at Sh	akespeare Festi	val and Educationa	1
Programs at Sout	hern Oregon Univers	Lty-		
rock climbing, skiin contract or waiver t	es, water activities or l g, etc.) as a special pa for review before signii	arent waiver may	be required. Submit	copy of
None				
Attach a detailed it	inerary for each day:	See Attached		
SignedTeac	her			
Approvals: Principal	lge I	4/4/// Date		
Jucle		5/5/11		
Risk Management	Dept.	Date 4/29///		
Segment Administ	rator	Date		
Superintendent	nen sammauritan jällen samma samman, jältäälääläänääläänääläänääläänäänäänäänäänä	Date		
Board Approval Da	ate			

TRAVEL REQUEST FORM (ACC-F014) Sacramento City Unified School District

Request to Attend:	Purpose for Attending:		completed and received in Accounts			
Conference/Workshop	Professional Developme	ent	Rayable at least 30 days prior to the proposed trip- 60 days if out-of state.			
The state of the s						
Business Meeting	Continued Education Cre	edits Earned	REQ#			
School/Department California Middl	le School		Date May 5, 2011			
Date(s) of Event 6/3/11 - 6/5/11	Location	Ashland, Oregon				
Event Title (attach brochure) Shakespeare Festival & Programs at Sou						
Attend 3 plays at Shakes	speare Festival and Educational Program	ns at Southern Oregon Ur	niversity			
Purpose*						
*(what value does this activity give sti	udents, attendees, staff, department/site o	r community?)				
How does this travel align with the D	istrict's strategic plan?					
How will this activity/event be used	and chared?		And the second s			
Name of Attendee(s			No. of Days Budget Code			
(attach sheet for additional	attendees)	(Y/N)* *	Required (for substitute)			
Michael Holt	Teacher	No No				
		No				
		No No				
		No				
		No	Additional Attendees Attached			
	SEND A COPY OF THIS FORM TO PI	ERSONNEL, BOX 770	la contraction of the contractio			
Approvals:		, ,	District cost for all attendees (estimate)			
Elyspetho Vige	Registration Fee *** 0.00					
Principal/Department/Head Signature & Print Name Date Registration Fee 0.00						
5/5/// B L L D D						
Lodging 0.00						
Cabinet Level or Designee Signature Date Transportation 0.00						
Chief Business Officer Signatu	Ira	Date /				
Crifer Busiliess Crifer Orginato						
Contractions or Designed S	ionature		Other 0.00			
Superintendent or Designee Signature Date TOTAL \$ 0.00						
/	Budget Code(s):	!	\$			
Categorical			\$			
General Fund/Unrestricted						
1	he cost of registration, how many of e					
Prepayment Requested: All ch			ents have been made (with AP) to pick up check			
	Requisition	#	Dollar Amount			
Registration Fee						
Hotel	-					
Airfare ****						
Car Rental ****						
		- Duraha-la- Day 900				
	quested, send a copy of this form to	•	Page 1 o			
Rev.F 3-22-11		ACC-F014) rage re			