



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 11.1e

**Meeting Date:** May 5, 2011

**Subject:** Albert Einstein Field Trip to Washington D.C. May 15, 2011 to May 19, 2011

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

**Division:** Accountability Office, Central – Area 3 Schools

**Recommendation:** Approve Albert Einstein Middle School Field Trip to Washington D.C. May 15, 2011 to May 19, 2011

**Background/Rationale:** From May 15 - 19, 2011 eleven students, one teacher and two parents from Albert Einstein Middle School will travel via commercial airline to Washington D.C. Students will participate in the Smithsonian Student Travel program. They will tour the Smithsonian museums, sightseeing with a licensed guide the monuments, Mt. Vernon, the U.S. Capitol, U.S. Supreme Court, Library of Congress, Ford's Theatre, U.S. Holocaust Memorial Museum, John F. Kennedy Center for Performing Arts.

**Financial Considerations:** Student pay and fundraising to assist students with need.

**Documents Attached:**

Field Trip Request Form  
Out-of-State Travel Request  
Travel Request

**Estimated Time of Presentation:** NA

**Submitted by:** Greg Purcell, Area Assistant Superintendent

**Approved by:** Mary C. Shelton, Chief Accountability Officer

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 Albert Einstein Middle School Date 11/16/10

Teacher's Name Anna Ruggiero Room # \_\_\_\_\_ Telephone # 916-228-5806  
 Fax # 916-228-5813

Field Trip Destination Washington DC

☐ 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 \_\_\_\_\_

Depart Date 5/15/11 Time \_\_\_\_\_ am/pm Return Date 5/19/11 Time \_\_\_\_\_ 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 \_\_\_\_\_ Financial Assistance Available? ☐ yes ☐ no

Number of students participating: 1011

Adult Supervisors/ Drivers:

DRIVER

DRIVER

1) Annette Alexander ☐ yes ☒ no 2) \_\_\_\_\_ ☐ yes ☐ no  
 3) Eileen Mandecote ☐ yes ☒ no 4) \_\_\_\_\_ ☐ yes ☐ no

Teachers and Staff Attending:

1) Anna Ruggiero ☐ yes ☒ no 2) \_\_\_\_\_ ☐ yes ☐ no  
 3) \_\_\_\_\_ ☐ yes ☐ no 4) \_\_\_\_\_ ☐ yes ☐ no

Principal Approval A. Monte Date 12/1/10

Risk Management Approval (Unusual Activities) [Signature] Date 3/31/11

Segment Administrator Approval [Signature] Date 3-24-11

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 Albert Einstein Middle School Date 12/1/10  
 Teacher's Name Anna Ruggiero Room # 58 Telephone # (916) 228-5800  
 Field Trip Destination Washington DC

Reason for travel An excellent opportunity for students to connect with our nation's history and culture, and to make memories that will last a lifetime!

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: \_\_\_\_\_

Signed Anna Ruggiero  
 Teacher

**Approvals:**

A. Monte 12/1/10  
 Principal Date

mdc 8/31/11  
 Risk Management Dept. Date

Drafiner 3/24/11  
 Segment Administrator Date

\_\_\_\_\_  
 Superintendent Date

\_\_\_\_\_  
 Board Approval Date

## 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 # _____
School/Department <u>Albert Einstein MS</u>		Date <u>Nov 30, 2010</u>
Date(s) of Event <u>May 15-19, 2011</u>		Location <u>Washington DC</u>
Event Title (attach brochure) <u>Washington, DC: The Capital Tour</u>		
Purpose* <u>US History Enrichment</u>		
*(what value does this activity give students, attendees, staff, department/site or community?)		
What Board goal/priority does this travel support? _____		
How will this activity/event be used and shared? _____		
Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)**
No. of Days Required	Budget Code (for substitute)	
<u>Anna Ruggiero</u>	<u>Teacher</u>	<u>Yes</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> </u>
<u>01-3010-0-1102-10-1110-2140-141-0410-000</u>		
<b>**IF A SUBSTITUTE IS NEEDED, SEND A COPY OF THIS FORM TO PERSONNEL, BOX 770</b>		
<b>Approvals:</b> <u><i>[Signature]</i></u> Principal/Department Head		District cost for all attendees (estimate) Registration Fee *** <u>0.00</u> Meals included? Yes <input type="checkbox"/> B <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> Lodging <u>0.00</u> Transportation <u>0.00</u> Meals <u>0.00</u> Other <u>0.00</u> <b>TOTAL \$ 0.00</b>
<u><i>[Signature]</i></u> Associate Superintendent/Assistant Superintendent		
<u><i>[Signature]</i></u> Deputy Superintendent/CFO (Finance)		
Superintendent or Designee		
Date <u>12/1/10</u>		
Date <u>3.24.11</u>		
Date <u>3/26/11</u>		
Date _____		
<input checked="" type="checkbox"/> Categorical      Budget Code(s): _____ <input type="checkbox"/> General Fund/Unrestricted		
***If any meals are included in the cost of registration, how many of each: Breakfast _____ Lunch _____ Dinner _____		
<b>Prepayment Requested:</b> 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	Teacher Free per 10 students	0.00
Hotel	<u> </u>	<u> </u>
Airfare ****	<u> </u>	<u> </u>
Car Rental ****	<u> </u>	<u> </u>
**** If airfare or car rental is requested, send a copy of this form to Purchasing, Box 830		