



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 9.1f

Meeting Date: April 19, 2012

Subject: John F. Kennedy Field Trip to Oregon Shakespeare Festival April 21 – 23, 2012

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

Division: Accountability Office

Recommendation: Approve John F. Kennedy Field Trip to Oregon Shakespeare Festival April 21 – 23, 2012

Background/Rationale: 25 John F. Kennedy students accompanied by 2 teacher chaperones and 1 parent chaperone will visit Ashland, Oregon Shakespeare Festival April 21 – 23, 2012. Students will gain a greater understanding of Shakespeare writings by seeing a live performance of his novel. Students and chaperones will travel by chartered bus and will stay overnight in the Southern Oregon University dorms.

Financial Considerations: No cost to the district. Expenses paid through parent contribution and fundraising.

Documents Attached: Out of State Field Trip Documents

<p>Estimated Time of Presentation: Consent Agenda</p> <p>Submitted by: Lisa Allen, Area Assistant Superintendent</p> <p>Approved by: Mary Shelton, Chief Accountability Officer</p>
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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/PACE Date March 16, 2012

Teacher's Name Ms. Emily Sommer Room # 303 Telephone # 433-5200
Fax # 433-5511

Field Trip Destination Oregon Shakespeare Festival, Ashland, OR

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

Out-of-State/Country Involving Swimming or Wading Unusual Activities

Route I-5N to Or-66 exit to Ashland St/Right on Siskiyou Blvd.

Educational nature of field trip/excursion performing art/drama/students reading novel in class

Depart Date 4/21/12 Time 9:00am am/pm Return Date 4/23/12 Time 3:30pm 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 private donations Financial Assistance Available? yes no

Number of students participating: 25

Adult Supervisors/ Drivers:	DRIVER	DRIVER
1) <u>Debbie Sharp</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 checked="" type="checkbox"/> no	4) _____ <input type="checkbox"/> yes <input type="checkbox"/> no

Teachers and Staff Attending:

1) <u>Emily Sommer</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	2) _____ <input type="checkbox"/> yes <input type="checkbox"/> no
3) <u>David Parsh</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	4) _____ <input type="checkbox"/> yes <input type="checkbox"/> no

Principal Approval [Signature] Date 3-16-12

Risk Management Approval (Unusual Activities) [Signature] Date 3/20/12

Segment Administrator Approval [Signature] Date 3.16.12

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.

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 March 16, 2012

Teacher's Name Emily Sommer Room # 303 Telephone # 433-5200

Field Trip Destination Ashland, Oregon

Reason for travel Students reading Shakespeare novel in class. To gain a greater understanding of Shakespeare writings by seeing a live performance of his novel

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 _____
Teacher

Approvals:

[Signature] 3-16-12
Principal Date

[Signature] 3/21/12
Risk Management Dept. Date

[Signature] 3/16/12
Segment Administrator Date

[Signature] 3/28/12
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/PACE Date _____

Date(s) of Event April 21,22,23, 2012 Location SOU Ashland, Oregon

Event Title (attach brochure) Shakespeare Festival

Purpose* Attend Oregon Shakespeare Festival and attend Shakespeare plays and workshops

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

How does this travel align with the District's strategic plan? Performing art/drama/students reading novel in their class

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)
Emily Sommer	teacher	Yes	1	Please bill JFK/PACE
David Parsh	teacher	Yes	1	6915 Gloria Drive
		No		Sacramento, CA 95831
		No		
		No		

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

Approvals: <div style="margin-bottom: 10px;"> Principal/Department Head Signature & Print Name _____ Date <u>3-22-12</u> </div> <div style="margin-bottom: 10px;"> Cabinet Level or Designee Signature _____ Date <u>3-23-12</u> </div> <div style="margin-bottom: 10px;"> Chief Business Officer Signature _____ Date <u>4/2/12</u> </div> <div style="margin-bottom: 10px;"> Superintendent or Designee Signature _____ Date <u>3/28/12</u> </div>	District cost for all attendees (estimate) Registration Fee *** _____ Meals included? <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D 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 ****	_____