



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1c

Meeting Date: May 5, 2016

Subject: Approve Sutter Middle School Field Trip to Boston, Massachusetts,
May 15 - 20, 2016

- 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 Sutter Middle School Field Trip to Boston, MA, .
May 15-20, 2016

Background/Rationale: May 15-20, 2016, a group of 110 students from Mrs. Cooperman's and Ms. Miller's history classes, along with seven teacher chaperones and six parent chaperones, will travel via charter bus and airplane to Boston, Massachusetts. This experience will allow students to experience where the making of America happened. They will be seeing the site of the Boston Massacre, Bunker Hill, Boston Common, the Old State House, the Holocaust Memorial, Lexington, Concord, and more.

All parties will depart from Sutter Middle School on Sunday, May 15th at 4:40 a.m. via charter bus to San Francisco International Airport, and return to Sutter Middle School on Friday, May 20th at 11:40 p.m.

Financial Considerations: No cost to the district. Expenses paid through parent contribution. Associated Student Body funds were made available for students in need.

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, Interim Deputy Superintendent
Olga Simms, Area Assistant Superintendent

Approved by: José 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 Sutter Middle School Date February 21, 2016

Teacher's Name Jody B. Cooperman/Katie Miller Room # 301/302 Telephone # 204-3226
 Fax # _____

Field Trip Destination Boston, Massachusetts

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

Out-of-State/Country Involving Swimming or Wading Unusual Activities
 Route Chartered bus to S.F.O. Airplane to Boston. Chartered bus on tour

Educational nature of field trip/excursion This is a culmination of our study in American History.

Depart Date 5/15 Time 4:40 am pm Return Date 5/20 Time 11:40 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 Parent funded Financial Assistance Available? yes no

Number of students participating: 110

Adult Supervisors/ Drivers:	DRIVER		DRIVER
1) <u>Lisa Menzmer</u>	<input type="checkbox"/> yes <input type="checkbox"/> no	2) <u>Gretchen Deak</u>	<input type="checkbox"/> yes <input type="checkbox"/> no
3) <u>Evelyn Mendez</u>	<input type="checkbox"/> yes <input type="checkbox"/> no	4) <u>Kara Broderick</u>	<input type="checkbox"/> yes <input type="checkbox"/> no

Teachers and Staff Attending:

1) <u>Jody B. Cooperman</u>	<input type="checkbox"/> yes <input type="checkbox"/> no	2) <u>Katie Miller</u>	<input type="checkbox"/> yes <input type="checkbox"/> no
3) <u>Shelley Takaha</u>	<input type="checkbox"/> yes <input type="checkbox"/> no	4) <u>Jennifer Brinzer</u>	<input type="checkbox"/> yes <input type="checkbox"/> no

Principal Approval [Signature] Date 3/29/16

Risk Management Approval (Unusual Activities) [Signature] Date 4/5/16

Segment Administrator Approval [Signature] Date 4/14/16

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**

Sutter Middle School
School Name _____ Date February 21, 2016
Teacher's Name Jody Cooperman/Katie Miller Room # 301/302 Telephone # 916-264-4150

Field Trip Destination Boston, Massachusetts

Reason for travel We have been studying the birth of our country all year in our U.S. history class. We have also studied the Salem Witch Trials and the Holocaust. We will be visiting sites related to these topics and more.



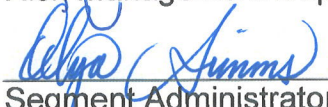
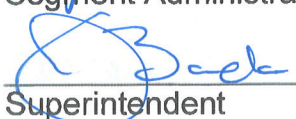
Our itinerary includes visits to Salem, Harvard University, the Holocaust Memorial, Bunker Hill Monument, USS Constitution and more.

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: itinerary attached

Signed Jody B. Cooperman and Katie Miller
Teacher

Approvals:

	<u>3/29/16</u>
Principal	Date
	<u>4/5/14</u>
Risk Management Dept.	Date
	<u>4/13/16</u>
Segment Administrator	Date
	<u>4/13/16</u>
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 Sutter Middle School Date February 21, 2016

Date(s) of Event May 15 - 20, 2016 Location Boston, Massachusetts

Event Title (attach brochure) U.S. history trip to Boston (itinerary attached)

Purpose* We will be taking our students on a U.S. history trip for 5 nights/6 days.

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

How does this travel align with the District's strategic plan? _____

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)
Jody B. Cooperman	English/history teacher			
Katie Miller	English/history teacher			

Additional Attendees Attached

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

Approvals: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 80%;"> <p><i>[Signature]</i> Principal/Department Head Signature & Print Name</p> <p><i>[Signature]</i> Cabinet Level or Designee Signature</p> <p><i>[Signature]</i> Chief Business Officer Signature</p> <p><i>[Signature]</i> Superintendent or Designee Signature</p> </div> <div style="width: 15%; text-align: center;"> <p><u>3/29/16</u> Date</p> <p><u>4/6/16</u> Date</p> <p><u>4/13/16</u> Date</p> <p><u>4/13/16</u> Date</p> </div> <div style="width: 5%; text-align: center;"> <p><u>CRISTIN TAHARA-MARTIN</u></p> </div> </div>	District cost for all attendees (estimate) Registration Fee *** <input type="text"/> Meals included? <input type="text"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging _____ Transportation _____ Meals _____ Other _____ TOTAL <input type="text"/>
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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 ****	_____

**** If airfare or car rental is requested, send a copy of this form to Purchasing, Box 830