



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 10.1i

Meeting Date: February 20, 2020

Subject: Approve John F. Kennedy High School Field Trip to Little Rock, AR from March 4 through March 8, 2020

- 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 John F. Kennedy High School Field Trip to Little Rock, AR from March 4-8, 2020.

Background/Rationale: On March 4, 2020, a group of seven students and two adult chaperones from John F. Kennedy will travel via commercial airline to Little Rock, AR, to participate in the FRC (First Robotics Competition) to further development of STEM-related skills.

Financial Considerations: No cost to the district.

LCAP Goal(s): College and Career Ready Students

Documents Attached:

1. Out of State Field Trip Documents

<p>Estimated Time of Presentation: N/A Submitted by: Christine Baeta, Chief Academic Officer Mary Hardin Young, Instructional Assistant Superintendent Approved by: Jorge A. Aguilar, Superintendent</p>

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 High School | Date | 1/2/2020

Date(s) of Event | 3/4/20 - 3/8/20 | Location | Little Rock, Arkansas

Event Title (attach brochure) | FRC Arkansas Regional Competition

Purpose* | Compete in an international FIRST robotics competition

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

How does this travel align with the District's strategic plan? | Develop and demonstrate high-level STEM skills and represent SCUSD

How will this activity/event be used and shared? | live streaming

Name of Attendee(s) <small>(attach sheet for additional attendees)</small>	Position	Substitute (Y/N)*	No. of Days Required	Budget Code <small>(for substitute)</small>
Robert Greene	Instructor	X YES	3	01-3550-0-1102-15-
Kimberly Sellards	Chaperone/Parent	No		3807-1000-106-0732-000
		No		
		No		
		No		

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

Approvals: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 80%;"> <p>Principal/Department Head Signature & Print Name <i>[Signature]</i> Date 1/20/20</p> <p>Cabinet Level or Designee Signature <i>[Signature]</i> Date 1/31/20</p> <p>Chief Business Officer Signature <i>[Signature]</i> Date 2/4/20</p> <p>Superintendent or Designee Signature <i>[Signature]</i> Date 2/6/20</p> </div> <div style="width: 15%; border: 1px solid black; padding: 5px;"> District cost for all attendees (estimate) Registration Fee *** 0 Meals included? <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging 0 Transportation 0 Meals 0 Other 0 TOTAL 0 </div> </div>
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Categorical Budget Code(s): NO COST TO SCUSD: NO REIMB. WILL BE SOUGHT BY ATTENDEES. ALL COSTS AND \$ 0.00

General Fund/Unrestricted AND ANY REIMB. WILL BE HANDLED BY JFK ROBOTICS CLUB

***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 ****	_____

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 John F. Kennedy High School Date 1 / 2 / 2020
 Teacher's Name Robert Greene Room # E-1 Telephone # 916-743-5044
 Fax # _____

Field Trip Destination Little Rock, Arkansas

- 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 Meet at Sacramento International Airport, fly to Little Rock, AR, travel by rental van to hotel , and return

Educational nature of field trip/excursion Represent SCUSD and JFK by competing in FRC (FIRST Robotics Competition) to further the development of STEM-related skills.

Depart Date 3 / 4 / 2020 Time 9:10 AM am/pm Return Date 3 / 8 / 2020 Time 5:40 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: Kennedy Robotics/no cost to SCUSD Financial Assistance Available? Yes No

Number of students participating: 7

Adult Chaperones/Drivers: Use additional forms if more than 4 names

- | | | | | | |
|-----------------------------|---|-----------------------------|----------|------------------------------|-----------------------------|
| 1) <u>Kimberly Sellards</u> | <input checked="" type="checkbox"/> yes | <input 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: Use additional forms if more than 4 names

- | | | | | | |
|-------------------------|---|-----------------------------|----------|------------------------------|-----------------------------|
| 1) <u>Robert Greene</u> | <input checked="" type="checkbox"/> yes | <input 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 1/31/20

Risk Management Approval (Unusual Activities) [Signature] Date 1.27.20

Segment Administrator Approval [Signature] Date 1.30.20

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 for approval.
- Local Trip: (50-mile radius; driver led) - Submit driver led trips to Principal for approval then forward to Segment Administrator for approval 5 weeks prior to trip.
- Local Trip: (wading, RT, Amtrak): 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.

Reviewed by Site Office Manager [Signature]
 (Initials)

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

School Name John F. Kennedy High School Date 3 / 4-8 / 2020
 Teacher's Name Robert Greene Room # E1 Telephone # 916-743-5044
 Field Trip Destination Little Rock, Arkansas

Reason for travel Represent SCUSD and JFK by competing in FRC (FIRST Robotics Competition) to further the development of STEM-related skills.

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 *Robert Greene*
 Teacher

Approvals:

[Signature] / / 26 / 20
 Principal Date

[Signature] / / 27 / 20
 Risk Management Dept. Date

[Signature] / / 30 / 20
 Segment Administrator Date

[Signature] / / 21 / 6 / 20
 Superintendent Date

 / /
 Board Approval Date



Sacramento City Unified School District
**OVERNIGHT TRIPS
ACCOMMODATION INFORMATION**

NO PRIVATE HOMES, AIR BNB, HOSTELS

Facility Name Wingate Date Reserved 10 / 21 / 19
Address 1212 S. Shakelford Road City Little Rock, AR zip 72211
Reservations Contact Person: Phyllis K. phyllisk@wingatelittlerock.com
Telephone # 501-227-6800 Fax # 501-227-6819

Total Rooms Reserved: 5
Room #s: TBD
Reservation Dates: 3 / 4 / 20 - 3 / 8 / 20

Signed 
Teacher

Approvals:
 1, 7, 2020
Principal Date
 1, 30, 20
Segment Administrator Date