



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 12.1c

Meeting Date: May 4, 2023

Subject: Approve Albert Einstein field trip to Ashland, OR from May 31- June 2, 2023

- 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 Albert Einstein field trip to Ashland, OR from May 31- June 2, 2023

Background/Rationale: On May 31, 27 students and four teachers will travel via charter bus to Ashland, OR. Students will gain knowledge about theater and play production. Students will view two plays.

Financial Considerations: There is no cost to the district. Expenses will be paid by student fundraising.

LCAP Goal(s): College preparedness, increasing communication and critical thinking skills.

Documents Attached:

1. Out-of-state field trip documents

Estimated Time of Presentation: N/A
Submitted by: Lisa Allen, Deputy Superintendent
 Tuan Doung, Assistant Superintendent
Approved by: Jorge A. Aguilar, Superintendent

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 Albert Einstein Middle School Date 03 / 23 / 23
 Teacher's Name Sarah Garner Room # 20 Telephone # 916-395-5310
 Fax # 916-288-5813

Field Trip Destination Ashland, Oregon

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 Interstate 5

Educational nature of field trip/excursion Students will be attending 2 plays and staying in college dorms

Depart Date 5 / 31 / 23 Time 7:15am am/pm Return Date 6 / 2 / 23 Time 4:30 pm am/pm

TRANSPORTATION will be provided by: Walking School Bus - contact Transportation Field Trip Office

X 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 Students/Fundraising Financial Assistance Available? Yes No

Number of students participating: 27 ~~14~~ 27

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

1) Thomas Mickan yes no 2) _____ yes no
 3) _____ yes no 4) _____ yes no

Teachers and Staff Attending: Use additional forms if more than 4 names

1) Sarah Garner yes no 2) Anna Ruggiero yes no
 3) Marie Rodriguez yes no 4) Gary Kretzschmar yes no

Principal Approval [Signature] Date 3/30/23

Risk Management Approval (Unusual Activities) [Signature] Date 4/24/23

Instructional Assistant Superintendent Approval [Signature] Date 4/19/23

Distribution: Refer to the Field Trip Information Form RSK 106F for the forms and distribution required for each trip:

1. Local Trip (school or charter bus): (50-mile radius) - Submit to Principal for approval. Maintain all documents at site and forward a copy to Instructional Assistant Superintendent for approval.
2. Local Trip: (50-mile radius: driver led) - Submit driver led trips to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
3. Local Trip: (walking, RT, Amtrak): Submit walking trips to Principal for approval then forward to Instructional Assistant Superintendent for approval 2 weeks prior to trip.
4. Out-of-Town: (beyond 50-mile radius) - Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
5. Overnight Trip: Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
6. Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
7. 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 Instructional Assistant Superintendent for approval 6 weeks prior to trip. This may require Special Event Liability Insurance.
8. Out-of-State/Country: Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Instructional Assistant Superintendent 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.
9. Approved forms will be returned by Instructional Assistant Superintendent. Maintain a copy of all forms at site for 2 years
10. Venue/Destination: Must comply with SCUUSD COVID19 Mitigation Guidelines for all trips outside of district facilities.

Reviewed by Site Office Manager: _____ (Initials)

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

School Name Albert Einstein Middle School Date 3/21 /2023

Teacher's Name Sarah Garner Room # 20 Telephone # 916-395-5310

Field Trip Destination Ashland, Oregon

Reason for travel Students will attend two plays and learn about theater play production and Shakespeare.

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  3/31/23
 Teacher

Approvals:
 3/30, 2023
 Principal Date

 4/24/23
 Risk Management Dept. Date

 4/19/23
 Segment Administrator Date

 4/26/23
 Superintendent Date

 / /
 Board Approval Date

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

Request to Attend: <input checked="" 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 Albert Eisntien Middle School Date March 23, 2023

Date(s) of Event 5/31/23-6/2/23 Location Ashland, Oregon

Event Title (attach brochure) Shakespeare Festival-southern Oregon University, Ashland, Oregon

Purpose* Students will learn about theater and play production, also attend two plays

*(what value does this activity give students, attendees, staff, department/site or community?)
 How does this travel align with the District's strategic plan? College and Career Ready Students

How will this activity/event be used and shared? College and Career Ready Students

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
<u>Sarah Garner</u>	<u>Teacher</u>	<u>Yes</u>	<u>3</u>	<u>01-0805-0-1102-15-1110-1000-000-0410-000</u>
<u>Anna Ruggiero</u>	<u>Teacher</u>	<u>Yes</u>	<u>3</u>	<u>01-0805-0-1102-15-1110-1000-000-0410-000</u>
<u>Gary Kretzschmar</u>	<u>Teacher</u>	<u>Yes</u>	<u>3</u>	<u>01-0805-0-1102-15-1110-1000-000-0410-000</u>
		No		
		No		

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

Approvals:

Principal/Department Head Signature & Print Name _____ Date 3/31/23

Cabinet Level or Designee Signature _____ Date 4/19/23

Chief Business Officer Signature _____ Date 4/25/23

Superintendent or Designee Signature _____ Date 4/26/23

District cost for all attendees (estimate)

Registration Fee *** 0.00

Meals included? B L D

Lodging 0

Transportation 0

Meals 0

Other 0

TOTAL 0

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 ****	_____