



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 8.1e

**Meeting Date:** March 3, 2016

**Subject:** Approve Luther Burbank High School Field Trip to Las Vegas, Nevada  
from March 20 to March 25, 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 Luther Burbank High School Field Trip to Las Vegas, Nevada from March 20 to March 25, 2016

**Background/Rationale:** On March 20 through March 25, 2016, students from Luther Burbank High School will travel to Las Vegas, Nevada to attend a Tarkanian Basketball Academy Spring Break Skills Camp. There will be one chaperone attending with five students.

**Financial Considerations:** There will be no cost to the district. Expenses will be paid through fundraising.

**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  
Chad Sweitzer, Area Assistant Superintendent

**Approved by:** Jose L. 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 LUTHER BURBANK HIGH SCHOOL Date 01/25/16

Teacher's Name TAMMY WHITE Room # \_\_\_\_\_ Telephone # 433-5113  
Fax # 433-5199

Field Trip Destination LAS VEGAS - BASKETBALL CAMP

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 BASKETBALL SKILL BUILDING CAMP

Depart Date 3/20 Time 8AM am/pm Return Date 3/25 Time 5PM 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: RENTAL CAR/ENTER

Funding Source GIRLS JV BASKETBALL Financial Assistance Available?  yes  no

Number of students participating: 5

Adult Supervisors/ Drivers: DRIVER DRIVER  
1) \_\_\_\_\_  yes  no 2) \_\_\_\_\_  yes  no  
3) \_\_\_\_\_  yes  no 4) \_\_\_\_\_  yes  no

Teachers and Staff Attending:  
1) TAMMY WHITE  yes  no 2) \_\_\_\_\_  yes  no  
3) \_\_\_\_\_  yes  no 4) \_\_\_\_\_  yes  no

Principal Approval \_\_\_\_\_ Date 2/11/16

Risk Management Approval (Unusual Activities) \_\_\_\_\_ Date 2/11/16

Segment Administrator Approval \_\_\_\_\_ Date 2/18/16

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 LUTERH BURBANK HIGH SCHOOL

Date 3/20/16 - 3/25/16

Teacher's Name Room # TAMMY WHITE

Telephone # 619-322-0004

Field Trip Destination TARKANIAN BASKETBALL ACADEMY, LAS VEGAS, NV

Reason for travel SKILL BUILDING FOR BASKETBALL

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: SEE ATTACHED

Signed [Signature]  
Teacher

**Approvals:**

[Signature] 2/11/16  
Principal Date

[Signature] 2/11/16  
Risk Management Dept. Date

[Signature] 2/18/16  
Segment Administrator Date

[Signature] 2/19/16  
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 # _____
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School/Department: Luther Burbank High School Date: Jan 25, 2016

Date(s) of Event: 3/20-3/25/16 Location: LAS VEGAS, NV

Event Title (attach brochure): SKILL CAMP - TARKANIAN BASKETBALL ACADEMY

Purpose\*: BASKETBALL SKILL BUILDING CAMP

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

What Board goal/priority does this travel support? BETTER SKILLED PLAYERS, PERFORM BETTERN IN CLASS, ACHIEVEMETN TO COLLEGE

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)
TAMMY WHITE	PE TEACHER/COACH	No	<input type="checkbox"/>	
		No	<input type="checkbox"/>	
		No	<input type="checkbox"/>	
		No	<input type="checkbox"/>	

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

<b>Approvals:</b> Principal/Department Head: <u>[Signature]</u> Date: <u>2/11/16</u> Associate Superintendent/Assistant Superintendent: <u>[Signature]</u> Date: <u>2/13/16</u> Deputy Superintendent/CFO (Finance): <u>[Signature]</u> Date: <u>2/18/16</u> Superintendent or Designee: <u>[Signature]</u> Date: <u>2/19/16</u>	District cost for all attendees (estimate) Registration Fee *** <span style="float: right;">0.00</span> Meals included? B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging _____ Transportation _____ Meals _____ Other _____ <b>TOTAL \$ 0.00</b>
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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 ****	_____