



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 8.1f

Meeting Date: Oct 1, 2015

Subject: Approve C. K. McClatchy Field Trip to Dallas, Texas from October 15 to October 18, 2015

- 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 C. K. McClatchy Field Trip to Dallas, Texas from October 15 to October 18, 2015

Background/Rationale: On October 15 through October 18, 2015, students from C. K. McClatchy will travel by flight to Dallas, Texas to attend the St. Mark's School Speech and Debate Tournament. There will be two chaperons attending with six students.

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

LCAP Goal(s): College and Career Ready Students

Documents Attached:

1. Out of State Field Trip Documents

<p>Estimated Time of Presentation: N/A</p> <p>Submitted by: Lisa Allen, Interim Deputy Superintendent Mary Hardin Young, Area Assistant Superintendent</p> <p>Approved by: Jose L. Banda, Superintendent</p>

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 CK McClatchy Date 09/09/15

Teacher's Name Stephen Goldberg Room # _____ Telephone # 916-712-0785
Fax # 916-551-2196

Field Trip Destination St. Mark's School, Dallas, Tx

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

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

Route Fly from Sacramento to Dallas Fort Worth, Tournament providing transportation in Dallas

Educational nature of field trip/excursion Debate Tournament

Depart Date 10/15/15 Time 12 pm am/pm Return Date 10/18/15 Time 10 pm 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 Individual Financial Assistance Available? yes no

Number of students participating: 6

Adult Supervisors/ Drivers: DRIVER DRIVER
1) Betsy Long yes no 2) _____ yes no
3) _____ yes no 4) _____ yes no

Teachers and Staff Attending:
1) Stephen Goldberg yes no 2) _____ yes no
3) _____ yes no 4) _____ yes no

Principal Approval [Signature] Date 9/8/15

Risk Management Approval (Unusual Activities) [Signature] Date 9/23/15

Segment Administrator Approval [Signature] Date 9/23/15

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 CK McClatchy Date 09/09/15

Teacher's Name Stephen Golberg Room # [REDACTED] Telephone # 916-712-0782

Field Trip Destination St. Marks School, Dallas, Tx

Reason for travel Debate Tournament including special invitation portion of
tournament for the best Sophomores in the United States.

[REDACTED]

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.

[REDACTED]

Attach a detailed itinerary for each day: [REDACTED]

[REDACTED]

Signed *Stephen Golberg*
Teacher

Approvals:

<u><i>[Signature]</i></u>	<u>9/23/15</u>
Principal	Date
<u><i>[Signature]</i></u>	<u>9/23/15</u>
Risk Management Dept.	Date
<u><i>[Signature]</i></u>	<u>9/23/15</u>
Segment Administrator	Date
<u><i>[Signature]</i></u>	<u>9/24/15</u>
Superintendent	Date

[REDACTED]
Board Approval Date

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

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.

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
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REQ # _____

School/Department C.K. McClatchy High School Date 9-24-15

Date(s) of Event 10/15/2015 Location Dallas, Texas

Event Title (attach brochure) St. Mark's School Speech and Debate Tournament

Purpose* speech and debate tournament

*(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) <small>(attach sheet for additional attendees)</small>	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
<u>Stehen Goldberg</u>	<u>Debate Coach</u>	<u>No</u>	<u> </u>	<u>n/a</u>
		<u>No</u>	<u> </u>	
		<u>No</u>	<u> </u>	
		<u>No</u>	<u> </u>	
		<u>No</u>	<u> </u>	

Additional Attendees Attached

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

Approvals:

Principal/Department Head Signature & Print Name _____	Date <u>9/24/15</u>
Cabinet Level or Designee Signature _____	Date <u>9/24/15</u>
Chief Business Officer Signature _____	Date <u>9/24/15</u>
Superintendent or Designee Signature _____	Date <u> </u>

District cost for all attendees (estimate)

Registration Fee ***

Meals included? B L D

Lodging _____

Transportation _____

Meals _____

Other _____

TOTAL

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 ****	_____