



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 8.1g

Meeting Date: March 3, 2016

Subject: Approve John F. Kennedy High School Field Trip to Boise, Idaho from March 29 to April 3, 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 John F. Kennedy Field Trip to Boise, Idaho form March 29, 2016 – April 3, 2016.

Background/Rationale: On March 29, 2016 – April 3, 2016, students from John F. Kennedy will travel by cars to Boise, Idaho to participate in the FIRST Robotics competition.

Financial Considerations: There is no cost to the District. Expenses are paid through parent contributions and 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
Tu Carroz, 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 John F. Kennedy Date 2/19/16

Teacher's Name Robert Greene Room # E1 Telephone # 743-5044

Fax # _____

Field Trip Destination Boise, Idaho

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

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

Route Drive from Sacramento to Boise, ID and return

Educational nature of field trip/excursion FIRST Robotics Competition

Depart Date 3/29/16 Time 8:00 am am/pm Return Date 4/3/16 Time 8:00 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 Fundraising/Parent contributions Financial Assistance Available? yes no

Number of students participating: 20

Adult Supervisors/ Drivers:	DRIVER	DRIVER
1) James Ballinger	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	2) Dennis Kazee <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
3) Cindy Kazee	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	4) Todd Thompson <input checked="" type="checkbox"/> yes <input type="checkbox"/> no

Teachers and Staff Attending:

1) Robert Greene	<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 2/19/16

Risk Management Approval (Unusual Activities) [Signature] Date 2/19/16

Segment Administrator Approval [Signature] Date 2/17/16

Distribution: Refer to Field Trip Information Form RSK 108F for the forms and distribution required for each trip.

- Local Trip (50 mile radius) - Submit to Principal for approval. Mail 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 John F. Kennedy Date 2/19/16

Teacher's Name Robert Greene Room # E1 Telephone # (916) 743-5044

Field Trip Destination Boise, Idaho

Reason for travel FIRST Robotics Competition at Boise State University

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.

None

Attach a detailed itinerary for each day: Attached

Signed [Signature]
Teacher

Approvals:
Principal [Signature] 1/11/16
Date

Risk Management Dept. [Signature] 2/19/16
Date

Segment Administrator [Signature] 2/17/16
Date

Superintendent [Signature] 2/19/16
Date

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.

REQ # _____

Request to Attend:

- Conference/Workshop
- Business Meeting

Purpose for Attending:

- Professional Development
- Continued Education Credits Earned

School/Department John F. Kennedy High School

Date Feb 11, 2016

Date(s) of Event 3/29/16 - 4/3/16

Location Boise, ID

Event Title (attach brochure) First Robotics Competition

Purpose* Represent John F. Kennedy 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?

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)

Name of Attendee(s)	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
Robert Greene	Teacher	Yes	6	01-7220-0-15-1110-1000-000-0525-000
		No		
		No		
		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

[Signature]

2/16/16

Cabinet Level or Designee Signature

Date

[Signature]

2/12/16

Chief Business Officer Signature

Date

[Signature]

2/19/16

Superintendent or Designee Signature

Date

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

Note: No cost to District

Hotel

Airfare ****

Car Rental ****

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