



## SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 8.1h

**Meeting Date:** March 3, 2016

**Subject:** Approve John F. Kennedy High School Field Trip to Flagstaff, Arizona from March 8 to March 14, 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 Flagstaff, Arizona form March 8, 2016 – March 14, 2016.

**Background/Rationale:** On March 8, 2016 – March 14, 2016, students from John F. Kennedy will travel by cars to Flagstaff, Arizona 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 Flagstaff, Arizona

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

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

Route Sacramento airport to Las Vegas, NV. Drive rentals to Flagstaff, AZ and return.

Educational nature of field trip/excursion FIRST Robotics Competition

Depart Date 3/8/16 Time 9:00 am am/pm

Return Date 3/14/16 Time 9:20 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: 18

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

Teachers and Staff Attending:

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 2/19/16

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

Segment Administrator Approval [Signature] Date 2/19/16

**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

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1/15/16  
Lb. D.O.

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 Flagstaff, Arizona

Reason for travel FIRST Robotics Competition at Northern Arizona 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:  
[Signature] \_\_\_\_\_  
Principal Date 2/21/16

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

[Signature] \_\_\_\_\_  
Segment Administrator Date 2/17/16

[Signature] \_\_\_\_\_  
Superintendent Date 2/19/16

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 # \_\_\_\_\_

<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
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School/Department John F. Kennedy High School Date Feb 11, 2016

Date(s) of Event 3/8/16 - 3/14/16 Location Flagstaff, AZ

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)
<u>Robert Greene</u>	<u>Teacher</u>	<u>Yes</u>	<u>6</u>	<u>01-7220-0-15-1110-1000-000-0525-000</u>
		No		
		No		
		No		
		No		

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

<b>Approvals:</b>  Principal/Department Head Signature & Print Name _____ Date <u>2/16/16</u> Cabinet Level or Designee Signature _____ Date <u>2/12/16</u> Chief Business Officer Signature _____ Date <u>2/19/16</u> Superintendent or Designee Signature _____ Date _____	District cost for all attendees (estimate) Registration Fee *** _____ Meals included? <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D Lodging _____ Transportation _____ Meals _____ Other _____ <b>TOTAL</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	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