



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 9.1d

Meeting Date: February 4, 2016

Subject: Approve Albert Einstein Middle School Field Trip to Washington, D.C.
March 7 through March 11, 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 Albert Einstein Middle School Field Trip to Washington, D.C. March 7-11, 2016

Background/Rationale: March 7-11, 2016, 10 students from Albert Einstein Middle School will be accompanied by 1 teacher chaperone to Washington, D.C. All parties will meet at the Sacramento International Airport. Students will experience American history in our nation's capital by touring national museums and monuments. Parents will meet their student at the Sacramento International Airport upon their return.

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

Estimated Time of Presentation: N/A

Submitted by: Lisa Allen, Interim Deputy Superintendent
Olga Simms, Area Assistant Superintendent

Approved by: José 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 ALBERT EINSTEIN MIDDLE SCHOOL Date 12/4/15

Teacher's Name JUDY CACCAMO Room # 51 Telephone # 228-5800
Fax # 228-5813

Field Trip Destination WASHINGTON DC (VIA WORLD STRIDES EDUCATIONAL TRIPS)

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

Out-of-State/Country Involving Swimming or Wading Unusual Activities
Route AIR FROM SACRAMENTO INTERNATIONAL TO DULES AIRPORT, WASHINGTON DC

Educational nature of field trip/excursion US HISTORY EXPLORED VIA MUSEUMS AND NATIONAL MONUMENTS

Depart Date 3/7/16 Time 4:30 AM am/pm Return Date 3/11/16 Time 10:00PM 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 PARENT/ FAMILY FUNDED Financial Assistance Available? yes no

Number of students participating: 10

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

Teachers and Staff Attending:
1) JUDY CACCAMO yes no 2) _____ yes no
3) _____ yes no 4) _____ yes no

Principal Approval GARRETT KIRKLAND Date 12/16/15

Risk Management Approval (Unusual Activities) _____ Date 1/11/16

Segment Administrator Approval _____ Date 1/11/16

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 Albert Einstein Middle School Date Nov 16, 2016

Teacher's Name Judy Lynn Caccamo Room # 51 Telephone # 916-206-0133

Field Trip Destination Washington DC DATE of TRIP March 3-11, 2016

Reason for travel Study and explore national US Historical sites to supplement 8th grade US History Curriculum. Traveling via World Strides Company. Various museums and monuments will be toured.

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: attached

Signed Judy Caccamo 11/16/15
 Teacher (Judy Caccamo)

Approvals:
[Signature] 12/16/15
 Principal Date
[Signature] 1/11/16
 Risk Management Dept. Date
[Signature] 1/11/16
 Segment Administrator Date
[Signature] 1/8/16
 Superintendent Date

Board Approval Date

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

Request to Attend:

- Conference/Workshop
- Business Meeting

Purpose for Attending:

- Professional Development
- 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 # _____

School/Department **ALBERT EINSTEIN MIDDLE SCHOOL**

Date **Dec 16, 2015**

Date(s) of Event **MARCH 7, 2016- MARCH 11, 2016**

Location **WASHINGTON DC**

Event Title (attach brochure) **WORLD STRIDES EDUCATIONAL TRIP**

Purpose* **US HISTORY EXPLORED THROUGH MUSEUMS AND NATIONAL MONUMENTS.**

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

How does this travel align with the District's strategic plan? **PILLAR I COLLEGE AND CAREER READY STUDENTS.**

How will this activity/event be used and shared? **THROUGH RECOUNTING, PHOTOS AND JOURNALS.**

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)*	No. of Days Required	Budget Code (for substitute)
JUDY CACCAMO	TEACHER	Yes	5	01-0007-0-1102-15-1110-1000-000-0410-000
		No		
		No		
		No		
		No		

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

Additional Attendees Attached

Approvals:

Garrett Korkland **Garrett Korkland** **12/16/15**
 Principal/Department Head Signature & Print Name Date

Alpa J. Jimms **1/6/16**
 Cabinet Level or Designee Signature Date

[Signature] **1/7/16**
 Chief Business Officer Signature Date

[Signature] **1/8/16**
 Superintendent or Designee Signature Date

District cost for all attendees (estimate)

Registration Fee *** **0.00**

Meals included? B L D

Lodging _____

Transportation _____

Meals _____

Other _____

TOTAL \$ 0.00

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 ****	_____

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