

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 9.1e

Meeting Date: August 2, 2018

Subject: Approve West Campus High School Field Trip to Reno, Nevada
 □ Information Item Only □ Approval on Consent Agenda □ Conference (for discussion only) □ Conference/First Reading (Action Anticipated:) □ Conference/Action □ Action □ Public Hearing
<u>Division</u> : Academic Office
Recommendation: Approve West Campus High School Field Trip to Reno, Nevada August 6-8, 2018.
<u>Background/Rationale</u> : On August 6, 2018 a group of 36 students, two parent chaperones and two teacher/staff chaperones from West Campus High School will travel via rental vehicles and personal vehicles to University of Nevada, Reno in Reno, NV to attend an ASB Retreat. Students will learn teamwork and plan important events to support the West Campus student community.
<u>Financial Considerations</u> : No cost to the district.
LCAP Goal(s): College and Career Ready Students
<u>Documents Attached:</u> 1. Out of State Field Trip Documents

Approved by: Jorge A. Aguilar, Superintendent

Estimated Time of Presentation: N/A

Submitted by: Iris Taylor, Chief Academic Officer

Chad Sweitzer, Instructional Assistant Superintendent

Sacramento City Unified School District

FIELD TRIP REQUEST FORM

(USE A SEPARATE FORM FOR EACH TRIP)

Parent Permission Form is required for each student field trip. See below reference distribution section for details concerning each type of trip.

School Name West Campus	Date 07	/10	/18
Teacher's Name Kelly Moore		Telephon	e # ⁹¹⁶⁻⁵⁴⁹⁻³⁶⁰⁵
		Fax # <u>916</u>	5-277-6593
Field Trip Destination University of Nevada, Ren	0		
Local-50 mile radius (bus/walking) Local-50 mile ra	dius (driver led trips)	Out-of-Town (Bey	ond 50 mile radius)
Overnight Out-of-State/Country Route i-80	Involving Swimming or Wad	ling 🔲 Unu	sual Activities
Educational nature of field trip/excursion ASB Retreat			
Depart Date 08 /06 /18 Time 12pm am/pm	Return Date 08 /0	8 /18 Time	5pm _{am/pm}
 Charter Bus Company (certified): □ Yes □ Private Vehicle/Parent Driver/Faculty Driver - Compand driver, must have fingerprint clearance (check volume) □ Public Transportation □ Train □ Commendation 	School Bus - contact Trans No - Check with Field lete Volunteer Personal Auto with Human Resources for fire ercial Airline Other:	Trip Office omobile Use For	n for each vehicle
-	inancial Assistance Availabl	e? Yes	■ No
Number of students participating: 36			
Adult Chaperones/Drivers: DRIVER		1	ORIVER
1) Timi Poeppelman yes no 2 3) Connio Aguillar (driver only, not chaperone) yes no 4	7 Anthony Wells	yy	es no
Teachers and Staff Attending: 1) Kelly Moore	Date		no no
Risk Management Approval (Unusual Apprities)	Date	10-14-14	
Segment Administrator Approval	Date	1-17-18	

Distribution: Refer to the Field Trip Information Form RSK 106F for the forms and distribution required for each trip:

- Local Trip (school or charter bus): (50-mile radius) Submit to Principal for approval. Maintain all documents at site and forward a copy to Segment Administrator.

 Local Trip: (50-mile radius: driver led, walking trip) Submit driver led trips to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip. Submit walking trips to Principal for approval then forward to Segment Administrator for approval 2 weeks prior to trip.
- Out-of-Town: (beyond 50-inite radius) Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.

- Overnight Trip: Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.

 Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.

 Trip Involving Unusual Activities (Water sports or high risk activities such as raiting, snorkeling, rock climbing, skiing, etc.) Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip, This may require Special Event Liability Insurance.
- Out-of-State/Country: Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Segment Administrator will place field trip item on Board Agenda. Trips not submitted to Segment Administrator 6 weeks prior to trip will be considered automatically rejected by the Board of Education.
- Approved forms will be returned by Segment Administrator, Maintain a copy of all forms at site for 2 years.

Sacramento City Unified School District OUT-OF-STATE OR OUT-OF-COUNTRY TRAVEL REQUEST

School Name West Campus High School Date 7 10 18
Teacher's Name Kelly Moore Room # 62 Telephone # 916-549-3605
Field Trip Destination University of Nevada, Reno
Reason for travel ASB Retreat: Team Building, training by schools
controller, plan and organize freshman orientation
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 to Risk Management for review before signing. Attach a detailed itinerary for each day
Signed Veller Veacher
Approvals: 7
Risk Management Dept. Date 7 17 18
Segment Administrator Date
Superintendent Date
Board Approval Date

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

Request to Attend:	Purpose for A	Attending:		Instructions: This form must be completed and received in Accounts Payable at least 30 days prior to the	
∇onference/Workshop	⊠ Professional D	Development		proposed trip- 60	days if out-of-state.
Business Meeting	Continued Edu	nued Education Credits Earned			
School/Department West Campus A	√SB			Da	7-10-18
Date(s) of Event August 6-8, 2018		Location University of	of Nevada, Ren	0	
Event Title (attach brochure)	ASB Retreat				
Team Building and Event	t Planning: Students will lea	rn teamwork and plan im	oortant events t	the support West Camp	ous.
*(what value does this activity give stu	udents, attendees, staff, depar	rtment/site or community?)		
How does this travel align with the D					
	F				
How will this activity/event be used a Name of Attendee(s) (attach sheet for additional)	students at West Campu Position	Substitute N	No. of Days Required	Budget Code (for substitute)
Kelly Moore	Teacher		No		10-55000-05
Debra Durazo	Controlle	er	No		
			No		
			No No		
				Addition	al Attendees Attached
**IF A SUBSTITUTE IS NEEDED,	SEND A COPY OF THIS F	ORM TO PERSONNEL.	BOX 770	trict cost for all atten	
Approvals:		7.17.		Registra	tion Fee *** 0.00
Principal/Department Heald Sig	nature & Print Name	Date		Meals included?	
1 / her		ツ -1フ-	, J	вГ Г	DΓ
Cabinet Level or Designee Sig	nature	Date		Lodging	
		7/19	(1X)	Transportation	
Chief Business Officer Signatu	re	Date		Meals	
-		7/23/18		Other	
Superintendent or Designee S	ignature	Date		TOTAL \$ 0.0	00
Cotonovinal	Budget Code(s):	Cost	E	\$	
Categorical General Fund/Unrestricted				\$	
***If any meals are included in the		v many of each: Bre	akfast	Lunch	Dinner
Prepayment Requested: All ch					
Prepayment Requested. All on		equisition #		Dollar Amount	,
Registration Fee	·		_		
Hotel	·				
Airfare ****					
Car Rental ****			=_ ==		<u> </u>
**** If airfare or car rental is re-	quested, send a copy of	this form to Purchasing	g, Box 830		
Rev.F 3-22-11		ACC-F014			Page 1 o