



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1d

**Meeting Date:** May 2, 2019

**Subject:** Approve Leonardo da Vinci K-8 School Shakespeare Festival Field Trip to Ashland, Oregon May 28-30, 2019

- Information Item Only
- Approval on Consent Agenda
- Conference (for discussion only)
- Conference/First Reading (Action Anticipated: \_\_\_\_\_)
- Conference/Action
- Action
- Public Hearing

**Division:** Academic Office

**Recommendation:** Approve Leonardo da Vinci K-8 School Field Trip to Ashland, Oregon to experience a live Shakespeare festival from May 28, 2019 to May 30, 2019.

**Background/Rationale:** On May 28, 2019 a group of 40 students, 13 parent chaperones, and 2 teacher chaperones from Leonardo da Vinci K-8 School will travel via rental vehicle to Ashland, Oregon to experience live Shakespeare theater. The students will be watching 3 different plays and participating in a discussion with a company member.

**Financial Considerations:** Three days of substitute teacher cost to be paid from LDV's LCFF funds. This cost is reflected in the site's SPSA.

**LCAP Goal(s):** College, Career and Life Ready Graduates

**Documents Attached:**

1. Out of State Field Trip Documents

**Estimated Time of Presentation:** N/A

**Submitted by:** Dr. Iris Taylor, Chief Academic Officer

Chad Sweitzer, Instructional Assistant Superintendent

**Approved by:** Jorge A. Aguilar, 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 LEONARDO DA VINCI EK-8 Date 3 / 28 / 2019  
 Teacher's Name MARK SIRARD JACOB CROFT Room # 35 32 Telephone # 395-4635  
 Fax # 277-6806

Field Trip Destination ASHLAND, OREGON SHAKESPEARE FESTIVAL

- Local-50 mile radius (bus/walking)  Local-50 mile radius (driver led trips)  Out-of-Town (Beyond 50 mile radius)  
(forward directly to Field Trip Office)
- Overnight  Out-of-State/Country  Involving Swimming or Wading  Unusual Activities

Route SEE MAP

Educational nature of field trip/excursion SHAKESPEARE CLUB TO EXPERIENCE LIVE ASHLAND SHAKESPEARE FESTIVAL

Depart Date 5 / 28 / 19 Time 6:30 AM am/pm Return Date 5 / 30 / 19 Time 5:00 PM am/pm

- TRANSPORTATION will be provided by:  Walking  School Bus - contact Transportation Field Trip Office  
 Charter Bus Company (certified):  Yes  No - Check with Field Trip Office  
 Private Vehicle/Parent Driver/Faculty Driver - Complete Volunteer Personal Automobile Use Form for each vehicle and driver, must have fingerprint clearance (check with Human Resources for fingerprint clearances)  
 Public Transportation  Train  Commercial Airline  Other: RENTAL VEHICLES

Funding Source CLASS FUNDS Financial Assistance Available?  Yes  No

Number of students participating: 40

- |                             |  |                        |  |
|-----------------------------|--|------------------------|--|
| Adult Chaperones/Drivers:   | DRIVER   |                        | DRIVER   |
| 1) <u>CHRISTIE GARCIA</u>   | <input type="checkbox"/> yes <input type="checkbox"/> no | 2) <u>ERIKA GARCIA</u> | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 3) <u>UNCHU LITTLEFIELD</u> | <input type="checkbox"/> yes <input type="checkbox"/> no | 4) <u>SEAN GRADY</u>   | <input type="checkbox"/> yes <input type="checkbox"/> no |

- Teachers and Staff Attending:
- |                       |  |                       |  |
|-----------------------|--|-----------------------|--|
| 1) <u>MARK SIRARD</u> | <input type="checkbox"/> yes <input type="checkbox"/> no | 2) <u>JACOB CROFT</u> | <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] DEVON DAVIS Date 3/28/19

Risk Management Approval (Unusual Activities) [Signature] Date 4/8/19

Segment Administrator Approval [Signature] Date 4-3-19

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

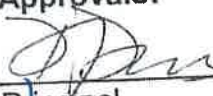



- Local Trip (school or charter bus): (50-mile radius) - Submit to Principal for approval. Maintain all documents at site and forward a copy to Segment Administrator.
- Local Trip: (50-mile radius: driver led, walking trip) - Submit driver led trips to Principal for approval then forward to Segment Administrator 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-mile 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 rafting, 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 LEONARDO DA VINCI EK-8 Date 2 / 20 / 2019  
 Teacher's Name MARK SIRARD Room # 35 Telephone # \_\_\_\_\_  
 Field Trip Destination ASHLAND SHAKESPEARE FESTIVAL  
 Reason for travel SHAKESPEARE CLUB GOING TO ASHLAND SHAKESPEARE  
 FESTIVAL

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  **MARK SIRARD**  
 Teacher

**Approvals:**  
 **DEVON DAVIS** 3 / 28 / 19  
 Principal Date  
 4 / 18 / 19  
 Risk Management Dept. Date  
 4 / 18 / 19  
 Segment Administrator Date  
 4 / 11 / 19  
 Superintendent Date  
 \_\_\_\_\_  
 Board Approval Date

# TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

Zero cost to the school for the trip. Paying for sub for 3 days from LCFF. SPSA reflects this expense.

<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	<b>Instructions:</b> This form must be completed and received in Accounts Payable at least <b>30 days</b> prior to the proposed trip- <b>60 days</b> if out-of-state.  REQ # _____
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School/Department LEONARDO DA VINCI EK-8 Date APRIL 1, 2019

Date(s) of Event MAY 28-30, 2019 Location ASHLAND, OREGON

Event Title (attach brochure) ASHLAND OREGON SHAKESPEARE FESTIVAL

Purpose\* SHAKESPEARE CLUB TO EXPERIENCE LIVE SHAKESPEARE FESTIVAL

\*(what value does this activity give students, attendees, staff, department/site or community?)  
 How does this travel align with the District's strategic plan? INTEGRATED THEMATIC INSTRUCTION

How will this activity/event be used and shared? COLLEGE AND CAREER READY STUDENTS

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
<u>MARK SIRARD</u>	<u>ELA TEACHER</u>	Yes <input checked="" type="checkbox"/>	<u>3</u>	<u>01-0007-0-1102-15-1110-1000-000-0151-000</u>
		No <input type="checkbox"/>		
		No <input type="checkbox"/>		
		No <input type="checkbox"/>		
		No <input type="checkbox"/>		

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

**Approvals:**

Devon Davis 4.1.19  
 Principal/Department Head Signature & Print Name Date

[Signature] 4.8.19  
 Cabinet Level or Designee Signature Date

[Signature] \_\_\_\_\_  
 Chief Business Officer Signature Date

[Signature] \_\_\_\_\_  
 Superintendent or Designee Signature Date

District cost for all attendees (estimate)

Registration Fee \*\*\* 0

Meals included?  B  L  D

Lodging \_\_\_\_\_

Transportation \_\_\_\_\_

Meals \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Categorical Budget Code(s): 01-0007-0-1102-15-1110-1000-000-0151-000 \$ 609.75

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 ****	_____