



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1i

Meeting Date: May 16, 2019

Subject: Approve Albert Einstein Middle School Shakespeare Festival Field Trip to Ashland, Oregon June 4-6, 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 Albert Einstein Middle School Field Trip to Ashland, Oregon to experience a live Shakespeare festival from June 4, 2019 to June 6, 2019.

Background/Rationale: On June 4, 2019 a group of 40 students and 4 teacher chaperones from Albert Einstein Middle School will travel via charter bus to Ashland, Oregon to experience live Shakespeare theater. The students will be watching 2 different plays and participating in workshops.

Financial Considerations: 3 days of substitute teacher cost to be paid from Einstein's LCFF funds. This cost is reflected in the site's SPSA.

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: Dr. Iris Taylor, Chief Academic Officer

Mary Hardin Young, 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 Albert Einstein Middle School Date 3 / 15 / 2019
 Teacher's Name Marie Rodriguez Room # 18 Telephone # 916-595-4854
 Fax # 916-228-5813

Field Trip Destination Ashland, Oregon

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 Interstate 5

Educational nature of field trip/excursion Students will be attending two plays and staying in college dorms

Depart Date 6 / 4 / 19 Time 7:15am am/pm Return Date 6 / 6 / 19 Time 2pm 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: _____

Funding Source Students Financial Assistance Available? Yes No

Number of students participating: 40

Adult Chaperones/Drivers:	DRIVER	DRIVER
1) _____	<input 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

Teachers and Staff Attending:
 1) Marie Rodriguez yes no 2) Anna Ruggiero yes no
 3) Gary Kretzschmar yes no 4) Mick Graham yes no

Principal Approval [Signature] Date 5-1-19

Risk Management Approval (Unusual Activities) [Signature] Date 5-1-19

Segment Administrator Approval [Signature] Date 5-1-19

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 Albert Einstein Middle School Date 3 / 15 / 19

Teacher's Name Marie Rodriguez Room # 18 Telephone # 916-595-4854

Field Trip Destination Ashland, Oregon

Reason for travel Students will attend two plays and learn about theater, play production, and Shakespeare.

Itinerary attached

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 Marie Rodriguez
Teacher

Approvals:

[Signature] 5 / 1 / 19
Principal Date

[Signature] 5 / 1 / 19
Risk Management Dept. Date

[Signature] 5 / 1 / 19
Segment Administrator Date

[Signature] 5 / 3 / 19
Superintendent Date

/ /
Board Approval Date

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

Request to Attend: <input type="checkbox"/> Conference/Workshop <input type="checkbox"/> Business Meeting	Purpose for Attending: <input type="checkbox"/> Professional Development <input type="checkbox"/> 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 05-01-19

Date(s) of Event June 4, 2019-June 6, 2019 Location Ashland, Oregon

Event Title (attach brochure) Field Trip to Ashland, Oregon for Shakespeare Festival

Purpose* To attend live plays which will enrich and increase student's understanding of Shakespeare.

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

How does this travel align with the District's strategic plan? College and Career Ready Students

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)
Marie Rodriguez	Teacher	Yes	3	01-0007-0-1102-15-1110-1000-000-0410-000
Anna Ruggiero	Teacher	Yes	3	01-0007-0-1102-15-1110-1000-000-0410-000
Gary Kretzschmar	Teacher	Yes	3	01-0007-0-1102-15-1110-1000-000-0410-000
Mick Graham	Teacher	Yes	3	01-0007-0-1102-15-1110-1000-000-0410-000
		No		

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

Approvals:

T. McFall Tarik McFall 5-1-19
 Principal/Department Head Signature & Print Name Date

[Signature] 5-1-19
 Cabinet Level or Designee Signature Date

[Signature] 5/3/19
 Chief Business Officer Signature Date

[Signature] _____
 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): 18-19 SPSA REFLECTS SUB EXPENSE \$ _____

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 ****	_____