



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 13.1h

**Meeting Date:** March 7, 2024

**Subject:** Approve John F. Kennedy field trip to New Orleans, LA April 4, 2024

- 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 to New Orleans, LA April 4, 2024

**Background/Rationale:** On April 4, 17 students and two teachers will travel via commercial airline to New Orleans for the opportunity to experience the birth place of Jazz. This is a musical opportunity for the Jazz Band class.

**Financial Considerations:** There is no cost to the district. Expenses will be paid by parents and guardians.

**LCAP Goal(s):** College preparedness, increasing communication and critical thinking skills.

**Documents Attached:**

1. Out-of-state field trip documents

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

**Submitted by:** Mary Hardin Young, Interim Deputy Superintendent

Tuan Duong, Assistant Superintendent

**Approved by:** Lisa Allen, Interim 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. See below reference distribution section for details concerning each type of trip.

School Name John F. Kennedy High School Date 2 / 5 / 2024  
 Teacher's Name Jeremy Hammond Room # M1 Telephone # 916-832-8657 Fax # \_\_\_\_\_  
 Field Trip Destination New Orleans, LA

- Walking  Local-50 mile radius  Out-of-Town (Beyond 50 mile radius)  Overnight  Out-of-State/Country  
 Involving Swimming or Wading  Unusual Activities

Route (must provide written directions our map) Plane Trip on Southwest Airlines

Educational nature of field trip/excursion Music Festival Performance

Depart Date 4 / 4 / 24 Time 5:30 am/pm am Return Date 4 / 7 / 24 Time 2:20 am/pm pm

- TRANSPORTATION will be provided by:  Walking  School Bus - contact Transportation Field Trip Office  Train  
 Charter Bus Company (District Approved):  Yes  No (Check with Field Trip Office)  Public Transportation  
 Private Vehicle/Parent Driver/Faculty Driver - Complete Volunteer Personal Automobile Use Form for each vehicle and driver.  
 Commercial Airline  Other: \_\_\_\_\_

Number of students participating: 17 Funding Source Private Financial Assistance Available?  Yes  No

Adult Chaperones: (All clearances must be met prior to Field Trip Approval)

	DRIVER					
1) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB
2) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB
3) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB
4) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB
5) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB
6) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB
7) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB
8) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB

Teachers and Staff Attending (Use a separate sheet if necessary)

	DRIVER			DRIVER	
1) <u>Jeremy Hammond</u>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	2) <u>Angie Ford</u>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
3) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	4) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no
5) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	6) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no

Principal Approval [Signature] Date 2/7/24

Segment IAS/Department Head Approval [Signature] Date 2/15/24

Risk Management Approval (if applicable) [Signature] Date 2/15/24

Distribution: Refer to the Field Trip Information Form RSK 106F for the forms and distribution required for each trip. All field trips require a completed packet. Maintain all documents at site.

- Local Trip: (walking): Submit walking trips to Principal for approval two weeks prior to trip
- Local Trip: (school bus/charter bus/RT/Amtrak): (50-mile radius) - Submit to Principal for approval two weeks prior to trip.
- Local Trip: (50-mile radius: driver) - Submit driver led trips to Principal for approval 6 weeks prior to trip
- Out-of-Town: (beyond 50-mile radius) - Submit to Principal for approval then forward to Segment IAS/Department Head for approval 6 weeks prior to trip
- Overnight Trip: Submit to Principal for approval then forward to Segment IAS/Department Head for approval 6 weeks prior to trip
- Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Segment IAS/Department Head 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 IAS/Department Head/Risk Management 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 IAS/Department Head for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Segment IAS office will place field trip item on Board Agenda for final approval.
- Approved forms will be returned by Segment IAS/Department Head's Office. Maintain a copy of all forms at site for 2 years.
- Venue/Destination: Must comply with SCUSD COVID19 mitigation guidelines for all trips outside of district facilities.

Reviewed by Site Office Manager: [Signature]  
 (Initials)

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

School Name John F. Kennedy H.S. Date 2, 15, 24  
Teacher's Name Jeremy Hammond Room # M1 Telephone # 916-832-8657  
Field Trip Destination New Orleans, Louisiana

Reason for travel Performance in Heritage Festival  
and the opportunity to experience the birth place  
of JAZZ. This is a great musical opportunity  
for a Jazz Band Class.

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   
Teacher

**Approvals:**

 2/01/24  
Principal Date

 2/15/24  
Risk Management Dept. Date

 2/15/24  
Segment Administrator Date

 2/22/24  
Superintendent Date

    /    /      
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.

<b>Request to Attend:</b> <input checked="" type="checkbox"/> Conference/Workshop <i>Music Festival</i> <input type="checkbox"/> Business Meeting	<b>Purpose for Attending:</b> <input type="checkbox"/> Professional Development <input type="checkbox"/> Continued Education Credits Earned	REQ # _____
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School/Department: John F. Kennedy High School Date: 2/15/24

Date(s) of Event: 4/4/24 - 4/7/24 Location: New Orleans, LA

Event Title (attach brochure): World Strides Heritage Festival

Purpose: Play and perform in Heritage 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? Students will be performing

How will this activity/event be used and shared? Students will gain the experience of playing and listening to other groups.

Name of Attendee(s) <small>(attach sheet for additional attendees)</small>	Position	Substitute (Y/N)**	No. of Days Required	Budget Code <small>(for substitute)</small>
<u>Jeremy Hammond</u>	<u>Band Director</u>	<u>Y</u>	<u>2</u>	<u>01-0000-0-1102-</u> <u>15-1110-1000-</u> <u>000-0525-000</u>
		No		
		No		
		No		

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

**Approvals:**

[Signature] Sonja Stewart 2/15/24  
Principal/Department Head Signature & Print Name Date

[Signature] 2/15/24  
Cabinet Level or Designee Signature Date

[Signature] 2/20/24  
Chief Business Officer Signature Date

[Signature] 2.22.24  
Superintendent or Designee Signature Date

District cost for all attendees (estimate)

Registration Fee \*\*\* \_\_\_\_\_

Meals included?

B  L  D

Lodging \_\_\_\_\_

Transportation \_\_\_\_\_

Meals \_\_\_\_\_

Other \_\_\_\_\_

TOTAL \_\_\_\_\_

Categorical Budget Code(s): This is part of a school field trip where expenses are being paid by parents. There will be no cost to the district.

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 ****	_____