



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 12.1e

**Meeting Date:** May 2, 2024

**Subject:** Approve CK McClatchy School Debate  
Tournament in Chicago, IL from May 24-26, 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 MC McClatchy High School Debate  
Tournament in Chicago, IL from May 24-26, 2024

**Background/Rationale:** On February 2, two students, the debate coach, and one chaperones will travel by commercial airline to Chicago for 2 nights to participate at The National Catholic Forensics Championship Debate Tournament.

**Financial Considerations:** There is no cost to the district. Expenses will be paid by the Sacramento Urban Debate League.

**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

Jerad Hyden Instructional 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 CE McClatchy Date 4/11/24  
 Teacher's Name Jack Walsh Room # \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Field Trip Destination Chicago, IL

- 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) Fly from Sacramento to Chicago O'Hare airport, take Chicago Subway from O'Hare to Meigs STOP  
 Educational nature of field trip/excursion Debate Tournament  
 Depart Date 5/24/24 Time 2:10 am/PM Return Date 5/26/24 Time 11:00 am/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: Sacramento Urban Debate League

Number of students participating: 2 Funding Source \_\_\_\_\_ Financial Assistance Available?  Yes  No

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

(Use a separate sheet if necessary)

	DRIVER						
1) <u>Serena Jones</u>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> Driver	<input checked="" type="checkbox"/> Fingerprint	<input checked="" type="checkbox"/> Mandated Reporter Training	<input checked="" 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>Jack Walsh</u>	<input type="checkbox"/> yes	<input checked="" 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
5) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	6) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no

Principal Approval [Signature] Date 4/11/24  
 Segment IAS/Department Head Approval [Signature] Date 4/15/24  
 Risk Management Approval (if applicable) [Signature] Date 4/17/24

- Distribution: Refer to the Field Trip Information Form RSK-105E 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: \_\_\_\_\_  
 (Initials)

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

School Name: CK McClatchy \_\_\_\_\_ Date: 5/24/24 – 5/26/24  
Teacher's Name: Stephen Goldberg \_\_\_\_\_ Room # \_\_\_\_\_ Telephone #: 530-574-4157  
Field Trip Destination: Chicago, IL

Reason For Travel: National Catholic Forensics League National Championship debate tournament

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 *Jack Walsh*

Approvals:  
*[Signature]* \_\_\_\_\_ Date *4, 11, 24*  
Principal  
*[Signature]* \_\_\_\_\_ Date *4, 17, 24*  
Risk Management Dept.  
*[Signature]* \_\_\_\_\_ Date *4, 15, 24*  
Segment Administrator  
*[Signature]* \_\_\_\_\_ Date *4, 22, 24*  
Superintendent

\_\_\_\_\_  
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.

**Request to Attend:**  
 Conference/Workshop  
 Business Meeting

**Purpose for Attending:**  
 Professional Development  
 Continued Education Credits Earned

REQ # \_\_\_\_\_

School/Department CF McClellany Date 4/11/24

Date(s) of Event May 24-26, 2024 Location Chicago, IL

Event Title (attach brochure) National Catholic Forensics League Nationals

Purpose\* For students to participate in debate tournament. It gives students an opportunity to build their public speaking skills and network with other student groups

How does this travel align with the District's strategic plan? It prepares students for college and career readiness

How will this activity/event be used and shared? Students participating will share their experience with other students in the group.

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)*	No. of Days Required	Budget Code (for substitute)
		No		
		No		
		No		
		No		
		No		

Additional Attendees Attached

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

**Approvals:**  
 Principal/Department Head Signature & Print Name: [Signature] E. [Name] Date: 4/11/24  
 Cabinet Level or Designee Signature: [Signature] Date: 4/11/24  
 Chief Business Officer Signature: [Signature] Date: 4/22/24  
 Superintendent or Designee Signature: [Signature] Date: 4/22/24

District cost for all attendees (estimate):  
 Registration Fee \*\*\* 0  
 Meals included?  B  L  D  
 Lodging \_\_\_\_\_  
 Transportation \_\_\_\_\_  
 Meals \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL \_\_\_\_\_

Categorical Budget Code(s) NO COST to district - \$ \_\_\_\_\_  
 General Fund/Unrestricted PARMS Funded \$ \_\_\_\_\_

\*\*\*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 ****	_____