



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 13.1j

Meeting Date: September 19, 2024

Subject: Approve Miwok Middle field trip to Louisville, KY on November 7, 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 Miwok Middle field trip to Louisville, KY on November 7, 2024

Background/Rationale: On November 7, 20 students with their parents/guardians, and the cross country coach will travel via commercial airline to Louisville for the cross country national meet.

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

LCAP Goal(s): College preparedness, developing global students

Documents Attached:

1. Out-of-state field trip documents

Estimated Time of Presentation: N/A

Submitted by: Mary Hardin Young, Deputy Superintendent
Jerad Hyden, Assistant Superintendent

Approved by: Lisa Allen, 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 MENLOE MIDDLE SCHOOL Date 8, 8, 24
 Teacher's Name BRYAN MORENO Room # GYM Telephone # 916/947-5418
 Fax # _____

Field Trip Destination LOUISVILLE, KENTUCKY

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 _____

Educational nature of field trip/excursion ATHLETICS: MIDDLE SCHOOL CROSS COUNTRY NATIONAL MEET

Depart Date 11/7/24 Time 5 pm Return Date 11/9/24 Time 9 am

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 PARENT/GUARDIAN Financial Assistance Available? Yes No

Number of students participating: 20

Adult Chaperones/Drivers: Use additional forms if more than 4 names

	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: Use additional forms if more than 4 names

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

Principal Approval X [Signature] Date 8/9/24

Risk Management Approval (Unusual Activities) [Signature] Date 9/9/24

Instructional Assistant Superintendent Approval [Signature] Date 9/9/24

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 Instructional Assistant Superintendent for approval.
- Local Trip: (50-mile radius: driver led) - Submit driver led trips to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
- Local Trip: (waling, RT, Amtrak): Submit walking trips to Principal for approval then forward to Instructional Assistant Superintendent for approval 2 weeks prior to trip.
- Out-of-Town: (beyond 50-mile radius) - Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
- Overnight Trip: Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
- Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Instructional Assistant Superintendent 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 Instructional Assistant Superintendent 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 Instructional Assistant Superintendent for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Instructional Assistant Superintendent 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 Instructional Assistant Superintendent. 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 MEWOK MIDDLE SCHOOL Date 8 / 8 / 24
Teacher's Name BRYAN MORENO Room # 64M Telephone # 916/947-5418
Field Trip Destination LOUISVILLE, KENTUCKY

Reason for travel To compete in the 2024 MS Cross Country National Championships. All travel arrangements - flights, transfers, & lodging are arranged by family of each student. Students will meet in Louisville to participate & compete.

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  BRYAN MORENO
Teacher

Approvals:

x  8 / 9 / 24
Principal Date

 9 / 9 / 24
Risk Management Dept. Date

 9 / 9 / 24
Segment Administrator Date

 9 / 10 / 24
Superintendent Date

/ /
Board Approval Date

TRAVEL REQUEST FORM (ACC-F014) **No Cost To District**
 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 # _____
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School/Department: MENOK MIDDLE SCHOOL Date: 8-8-24
 Date(s) of Event: 11-7-24 Location: LOUISVILLE, KENTUCKY
 Event Title (attach brochure): MIDDLE SCHOOL CROSS COUNTRY NATIONALS

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

How does this travel align with the District's strategic plan? DEVELOPING GLOBAL STUDENTS

How will this activity/event be used and shared? TEAM ATHLETICS COMPETITION
 Name of Attendee(s) Position Substitute (Y/N)** No. of Days Required Budget Code (for substitute)

<u>BRYAN MORENO</u>	_____	No <u>Y</u>	No <u>2</u>	_____
_____	_____	No	_____	_____
_____	_____	No	_____	_____
_____	_____	No	_____	_____
_____	_____	No	_____	_____

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

Approvals: X <u>[Signature]</u> <u>CRISTINA HAGA</u> <u>8/9/24</u> Principal/Department Head Signature & Print Name Date <u>[Signature]</u> <u>9/10/24</u> Cabinet Level or Designee Signature Date <u>[Signature]</u> <u>09/10/24</u> Chief Business Officer Signature Date <u>[Signature]</u> <u>9/10/24</u> Superintendent or Designee Signature Date	District cost for all attendees (estimate) Registration Fee *** _____ Meals included? <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D Lodging _____ Transportation _____ Meals _____ Other _____ TOTAL _____
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Categorical Budget Code(s): _____ \$ _____
 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 ****	_____