

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item<u># 8.1i</u>

Meeting Date: April 3, 2025

Subject: Approve C.K. McClatchy New York City Field Trip April 13-18, 2025

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

Division: Deputy Superintendent

<u>Recommendation</u>: Approve C.K. McClatchy New York City Field Trip April 13-18, 2025

Background/Rationale: On April 13, 33 students and four teachers will travel via commercial airline to NYC to experience fine art, Broadway shows, and interactive workshops.

Financial Considerations: There is no cost to the district. Expenses will be paid by VAPA Boosters.

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, 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 eac								
School Name CK McClatchy HS	- V	Date	_12	/_	_18	/	24	
Teacher's NameMollie Morrison	Room #L6		elephone	#_916	952 6	952		
Field Trip Destination_New York City							-	
Local-50 mile radius (bus/walking)	Local-50 mile rad	lius (drive	er led trips) x Ou	it-of-To	wn (Beyo	nd 50 mile radius	s)
X Overnight X Out-of-Sta	ite/Country 🛄 Involvi	ing Swim	ming or W	/ading	Ur []	nusual Acti	vities	
Route	Co	mmercia	Airline/Cl	narter	Bus			
Educational nature of field trip/ex	cursion_Student ex	perience	major wor	ks of a	art, bro	adway Sh	ows, Theatrical	
	listoric Sites relevant							
Depart Date4_/13/_202							lime _10 pm	
Charter Bus Compan Private Vehicle/Parent Driver/ and driver, must have fingerph Transportation [Funding Source_ 3005/er/S	Faculty Driver - Com rint clearance (check □ Train X Commerci	plete Vol with Hun al Ai r line	unteer Pei nan Resou Other	rsonal irces f :	Autom or fing	erprint clea		ehicl
students participating:33								
Adult Chaperones/Drivers: Use additiona	al forms if more than	4 names						
1)						DR yes yes	RIVER DRIVER mo mo mo	
Teachers and Staff Attending: Use addit						_		
1) Leanne Ruiz 3) Tylen Einweck] yes x no 2)] yes x no 4)Molli	ie Morris	Aimee Th on		e_12	yes x n	124	
Principal Approval	n Vard	1.1) alla	Da		1201	24	
Risk Management Approval (Unusual		MUIT)	myte	9		1/9/1	5	
Instructional Assistant Superintende	ent Approval	atable ate -	required for a		ate	1 11	<u> </u>	
Distribution: Refer to the Field Trip Information Form 1. Local Trip (school or charter bus): (50-mile radius) -	RSK 106F for the forms and Submit to Principal for approva	aismouuon 1. Maintain a	li documents a	acir unp. It site and	forward	a copy to instru	uctional Assistant Superi	intend

approval. 2 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. 4. Out-of-Town: (beyond Trip: (weing, RT, Antrak): Submit welking trips to Principal for approval then forward to Instructional Assistant Superintendent for approval 2 weeks prior to trip. 4. Out-of-Town: (beyond So-mile radius) – Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 2 weeks prior to trip. 5. Overnlight Trip: Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip. 5. Overnlight Trip: Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip. 7. Trip Involving Unusual Activities (Water sports or high risk activities such as rafting, snorkeling, rock climbing, skling, etc.) - Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip. 7. Trip Involving Unusual Activities (Water sports or high risk activities such as rafting, snorkeling, rock climbing, skling, etc.) - Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip. Trip Involving Unusual Activities (Submit to trip. This may require Special Event Liability Climbing, skling, 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.
8. 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 eutometically rejected by the Board of Education.

Secremento Cily Unifled School District Instructions: This form must be completed and received in Accounts Purpose for Attending: Payable at least 30 days prior to the **Request to Attend:** proposed trip- 60 days if out-of-state. Professional Development Conference/Workshop Continued Education Credits Earned REQ # Business Meeting 12/5/2024 Dele CK McClatchy High School School/Department New York City Location April 13-April Date(s) of Event Event Tille (attach broch 18, 2025 New York City Field Trip To experience the art and theater that the VAPA students have learned through visiting museums, national monuments, Broadway shows, Theater Workshops and other historic sites Purpose" (what value does this activity give students, attendees, staff, department/she or community/I Providing SGUSD students with first hand experiences to attiente themselves in First Art and interselve The size workshops signs with CA art absences and the districts strategic plan How does this insvel elign with the District's strategic plan? Students will ongego in creative an experiences that they will share with classmone, teachers and the CKM community via delly addit model addit How will this activity/event be used and shared? Budgel Code Substitute No. of Days Name of Atlandea(6) Position (for substituto) Required (Y/N)" * (attach sheet for additional attendees) NO Teacher Mottle Mordson No Teacher Aimee Thibedeau No Teacher Tylen Elmatek No Teacher Leanne Ruiz No Additional Attandees Attached VEEDED, SEND & COPY OF THIS FORM TO PERSONNEL, BOX 770 District cost for all attendees (estimate) "IF A SUBSTITUTEIS Approvals: Registration Fee *** ٥ Meats included? v Head Signature & Print Name PrincipaVDap avima LX в× Lodging Designer Signature Lovel Cabinel Transportation Meals Phin Signature Other Superintendent or Designee Signature TOTAL \$ Budget Code(s): DD COST Categorical 5 General Fund/Unrestricted Lunch Dinner *** If any meals are included in the cost of registration, how many of each: Breakfast Prepayment Requested: All checks will be sent to the site/department unless prior anangements have been made (with AP) to pick up check Dollar Amount Requisition # Registration Fae Hotel Airfare **** Car Rental **** **** If airfare or car rental is requested, send a copy of this form to Purchasing, Box 830 Page 1 of 1 ACC-F014 Rev.F 3-22-11

TRAVEL REQUEST FORM (ACC-F014)

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

School Name CK McClatchy		Date 12 /18 /2024
Teacher's Name Morrison		Telephone # <u>916-952-6952</u>
Field Trip Destination New York C	ity	
Reason for travel Our trip was de	esigned arou	nd building student
opportunity to experience first		
opportunity to experience in	or mana oradic	

and to visit historic NYC sites like the 911 Museum & Rockefeller Center

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 Mollie Morrison	
Teacher	
Approvals:	
-VM	12,20,22
Principal	Date
Les hun Pas De	12,20 24
Risk Management Dept.	Date
$\sim h$	(,9,25
Segment Administrator	Date
Sall	2,7,25
Superintendent	Date
1 1	

Board Approval Date