

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 8.1k

Meeting Date: February 20, 2025	
Subject: Approve C.K.McClatchy New York City Field Trip Apr	ril 13-18, 2025
☐ Information Item Only ☐ Approval on Consent Agenda ☐ Conference (for discussion only) ☐ Conference/First Reading (Action Anticipated: ☐ Conference/Action ☐ Action ☐ Public Hearing)
<u>Division</u> : Deputy Superintendent	
Recommendation: Approve C.K.McClatchy New York City Field	Ггір Аргіl 13-18, 2025
Background/Rationale: On April 13, thirty three students and fou via commercial airline to NYC to experience fine art, Broadway showorkshops.	
<u>Financial Considerations</u> : There is no cost to the district. Expensively APA Boosters.	ses will be paid by
LCAP Goal(s) : College preparedness, increasing communication skills.	and critical thinking
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 stu	ident neid trip. Si	ee below leter	elice dizarband	ii) section for details	bottoming each type of the
School Name CK McClatchy HS		Date	12	/18	24
Teacher's NameMollie Morrison	Room #	_L6	Telephone #	_916 952 6952 _	_
Field Trip Destination_New York City					
Local-50 mile radius (bus/walking)	Local-50 mile	radius (driv	er led trips)	x Out-of-Town (E	Beyond 50 mile radius)
X Overnight X Out-of-State/C	ountry 🔲 Inv	olving Swin	nming or Wa	ding 🔲 Unusual	Activities
Route		_Commercia	l Airline/Cha	arter Bus	
Educational nature of field trip/excurs	sion_Student	t experience	major work	s of art, broadwa	y Shows, Theatrical
Workshops, Histor	ric Sites relev	ant to our si	udies in VAI	PA Classrooms	
Depart Date4_/13/_2025	_Time10:53	3pm Ret	urn Date4	/_18/_202	5Time _10 pm
TRANSPORTATION will be provided by: Charter Bus Company (ce Private Vehicle/Parent Driver/Face and driver, must have fingerprint ce Transportation Transportation	ertified): X Ye ulty Driver - C learance (che ain X Comme	as	theck with Fi unteer Personan Resource I Dother:_	ield Trip Office onal Automobile ces for fingerprint	Use Form for each vehicle t clearances)
Funding Source_BOOSterS		Financi	al Assistanc	e Available? Yes	No Number of
students participating:33					
Adult Chaperones/Drivers: Use additional for	ms if more th	an 4 names			
					DRIVER DRIVER
1)	/es 🔲 no 2)_				yes no
					Aes 🗀 110
Teachers and Staff Attending: Use additional					
1)Leanne Ruiz yes 3) Tylen Einweck	s x no 4)M	Iollie Morris	on	Date 12 2	× no 2 4
Risk Management Approval (Unusual Activ	vities) vell	must &	RYPO	Date 12 7	3/24
Instructional Assistant Superintendent Ap	pproval			_ Date	1112
Distribution: Refer to the Field Trip Information Form RSK 1					hands which a American Superintendent for
1. Local Trip (school or charter bus): (50-mile radius) - Submit approval. 2. Local Trip: (50-mile radius: driver led) - Submit driver led trips Trip: (waing, RT, Amtrak): Submit walking trips to Principal for approval then forward to approval then forward to approval then forward to instructional Assistant Superintendent for Instructional Assistant Superintendent for elimbing, ekling, etc.) - Submit to Principal for approval then for Insurance. 8. Out-of-State/Country: Submit to Principal for approval then for Education and Risk Management approval prior to trip. Instructional for the principal for approval then for Education and Risk Management approval prior to trip. Instructional for the principal for approval then for Education and Risk Management approval prior to trip.	to Principal for app proval then forward Instructional Assist or approval 6 weeks to trip, 7. Trip Involver ward to Instructional privard to Instructional	oroval then forwar d to Instructional A ant Superintende prior to trip. 6. Ti lying Unusual A al Assistant Super tal Assistant Super tal Assistant Superintendent wi	d to Instructional Assistant Superint Assistant Superint In approval 6 viril Invalving Swi ctivities (Water s intendent for apprentendent for apprentendente	Assistant Superintendent andent for approval 2 we weeks prior to trip. 5. Ow mming or Wading: Sub- ports or high risk activ oval 6 weeks prior to trip proval 6 weeks prior to trip	t for approval 6 weeks prior to trip. 3. Local leks prior to trip. 4. Out-of-Town: (beyond ernight Trip: Submit to Principal for mit to Principal for approval then forward to ittes such as rafting, snorkeling, rock i. This may require Special Event Liability ip. Must have Superintendent, Board of

TRAVEL REQUEST FORM (ACC-F014) Sacramento City Unified School District

Request to Attend:		Purpose for Attending:		completed and received in Accounts Payable at least 30 days prior to the proposed trip- 60 days if out-of-state.		
Conference/Workshop	Professional Development		proposed trip- on days it out visuals.			
Business Meeting	Continu	ed Education Credits i	Eamed	REG #		
School/Department CK McClate	hy High School			Date 12/5/2024		
Date(s) of Event April 13-	April	Location	New York City			
Event Tille (attach brockling)		eld Trip				
	the art and theater t	that the VAPA students ha	ve learned through Vi	siting museums, national		
Purpose"		dway shows, Theater World		0112 3403		
"(what value does this activity give stu		Paradian OCHEO etudent	g with Drat hand experiences to	o amerca theresoked in Fine Art and interactive surce such the district atraingle plan		
How does this travel align with the D						
How will this activity/event be used a	alto original.	nte will ongage in creative art experie		classmands, teachors and the CKM community via delly eaciel mode a		
Name of Attenden(6)		Position	Supstitute f	No, of Days Budget Code Required (for substitute)		
Mottle Morrison	11	Trachel	No			
Almee Thibedeau		Teacher	No			
Tylen Elmiracis	i	Tenchai	No			
Leanne Ruiz		Teacher	No			
Eddinio i tota			No	L. C.		
"IF A SUBSTITUTE IS NEEDED.	SEND A COPY OF	THIS FORM TO PERSON	NNEL BOX 770	Additional Attandees Attached		
Principal/Dapartment Hand Sig	insture & Print Na	ine 12	3/25	Registration Fee (eatimate) Registration Fee (eatimate) Meals included? v B L X D X		
Cakine Level of Designer Sig		<u>2</u> 5	125	Lodging X Transportation X		
Chief susings officer Signatu	re	21	6/25	Meals		
Superintendent or Designee S	gnature		Date	Other TOTAL TOTAL		
C o-timi	Budget Code(s)	no cost-4	o district	\$		
Categorical General Fund/Unrestricted		Bousters Fu	noted try	<u></u> \$		
""If any meals are included in the		ion, how many of each:	Breakfast	Lunch Dinner		
Propagnent Requested: All ch	acks will be sent to	the site/department unit	ess prior arrangemen	its have been made (with AP) to pick up check		
r repulyment (requirement)		Requisition #		Dollar Amount		
Registration Fee						
Holai	7					
Airfare ****						
Car Rental ****	-		7.			
"" If airlare or car rental is re-	guested, send a c	copy of this form to Pur	hasing, Box 830			
Ray,F 3-22-11	1-2	ACC-F	014	Page 1		

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

School Name CK McClatchy			_/ 2024
Teacher's Name Morrison	Room # L6	Telephone	_# 916-952-6952
Field Trip Destination New York Ci	ty		
Reason for travel Our trip was de		und building	g student
opportunity to experience firs			
The MOMA, see Broadway shows with in	teractive worksho	pps	
and to visit historic NYC sites like	the 911 Muse	um & Rockef	eller Center
List unusual activities, water activities or herock climbing, skiing, etc.) as a special pacontract or waiver to Risk Management for itinerary for each day	arent waiver may	be required. Sul	omit copy of
Signed Mollie Morrison Teacher			
Principal Principal Risk Wanagement Dept.	Date Date		
Segment Administrator Superintendent	1918 Date 2,7,25 Date	-	
Board Approval Date			