

Board Office Use: <b>Legislative File Info.</b>	
File ID Number	22-0756
Introduction Date	4/13/22
Enactment Number	22-0615
Enactment Date	4/13/2022 os



**OAKLAND UNIFIED SCHOOL DISTRICT**  
Community Schools, Thriving Students

# Memo

**To** Board of Education  
**From** Kyla Johnson-Trammell, Superintendent  
**Meeting Date** April 13, 2022  
**Subject** Approval of Request for Student Travel

<b>Action Requested</b>	Approval of Board Resolution No. <u>2122-0193</u> authorizing student travel by school site <u>Life Academy 335</u> to <u>Washington DC/NYC</u> for the period of <u>MAy 14, 2022</u> through <u>May 22, 2022</u>
<b>Itinerary and activities</b>	[REDACTED]
<b>Educational Purpose of Trip</b>	The opportunity to visit DC and NYC and the historical and political activites students will be engaging in are directly aligned with US History and Ethnic studies standards.
<b>Teachers Attending Trip</b>	<b>Jack Jue, Jose Gil</b>
<b>Site Administrator Affirms</b>	<ul style="list-style-type: none"> <li>• Parental permission forms will be on file for all students participating and school has emergency communication protocol</li> <li>• There will be sufficient and appropriate chaperones for this field trip (including at least one OUSD certificated employee and non-OUSD chaperones, if any, will meet criminal background check requirements)</li> <li>• School will address financial or accessibility issues that might prevent students from participating</li> </ul>
<b>Recommendation</b>	Approval of Board Resolution authorizing student travel described above.
<b>Fiscal Impact</b>	Amount of District funds to be used for trip costs will be \$ <u>0</u> Funding source for the trip will be: <input type="checkbox"/> General Purpose <input type="checkbox"/> Restricted Funds <input checked="" type="checkbox"/> No District funds will be used Resource Code: _____

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**RESOLUTION  
OF THE  
BOARD OF EDUCATION  
OF THE  
OAKLAND UNIFIED SCHOOL DISTRICT  
No. 2122-0193**

**AUTHORIZATION FOR APPROVAL OF STUDENT TRAVEL**

WHEREAS, the Board of Education believes that field trips and other travel opportunities for students are a valuable tool in supporting classroom instruction and promoting students' awareness of places and events;

WHEREAS, Board Policy 6143 requires the Board of Education of the Oakland Unified School District to approve all trips involving out-of-state and out of country travel; and

WHEREAS, pursuant to Board Policy 6143, the Superintendent requests the Board of Education to authorize student travel for the period of May 14, 2022 through May 22, 2022, to Washington D.C., and New York City, NY, by sixteen (16) 9<sup>th</sup> and 11<sup>th</sup> grade students and two (2) adult staff.

NOW, THEREFORE, BE IT RESOLVED, the Board of Education of the Oakland Unified School District does hereby approve the following request for student travel:

School: Life Academy

Destination: Washington DC and New York City, New York

Departure Date: 5/14/22

Return Date: 5/22/22

Passed by the following vote:

AYE: VanCedric Williams, Clifford Thompson, Vice President Benjamin "Sam" Davis, President Gary Yee

NAY: None

ABSTAIN: Mike Hutchinson

RECUSED: None

ABSENT: Student Director Samantha Pal, Student Director Natalie Gallgos, Aimee Eng, Shanthi Gonzales

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### **CERTIFICATION**

We hereby certify that the foregoing is a full, true and correct copy of a Resolution passed at a Regular Meeting of the Board of Education of the Oakland Unified School District, held on April 13, 2022.

### **OAKLAND UNIFIED SCHOOL DISTRICT**



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Gary Yee  
President, Board of Education



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Kyla Johnson-Trammell  
Superintendent and Secretary, Board of Education



**OUT-OF-STATE FIELD TRIP/EXCURSION REQUEST**

Date: 2/3/22  
Kim Powell, Risk Mgt.

**Basic Directions**

This packet is available on the Intranet (School Operations Library) as a fillable-saveable pdf file. If typed, similar fields will populate throughout the packet making it quicker and easier to complete.

1. Requests must be submitted to Network Superintendent no later than **120 days** prior to departure
2. Board approval is required for all out of state trips.
3. Return Health Services Notification Form to the School Nurse or Health Services at the time you are requesting approval for a field trip
4. Use of Restricted Funds requires additional approval by Office of Accountability Partners
5. Obtain fingerprint clearance and complete TB risk assessment (requirements per OUSD AR 1240) for all non-District employee chaperones. (Arrange through [ousd.org/volunteers](http://ousd.org/volunteers) or email [volunteers@ousd.org](mailto:volunteers@ousd.org). Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years.)
6. Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153
7. Check the Pre-Approved Vendor List for contract and insurance requirements
8. Out-of-state trips have a bifurcated approval system (1) to approve the request and (2) to approve the trip since not all information for the trip approval may available by the deadline for the request. When possible, submit the required documents for the trip approval along with the initial trip request to make the full approval process faster.

Required Documents for Request Approval	<input type="checkbox"/> Copy of program/vendor information describing vendor and scheduled activities <input type="checkbox"/> All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract <input type="checkbox"/> Certificate of insurance from all private vendors: Program (attach copy unless publicly owned and operated) Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn) <input type="checkbox"/> Board Approval Memo and Board Resolution
Required Documents for Trip Approval	<input type="checkbox"/> "Checklist Prior to Trip Departure" <input type="checkbox"/> List of students and adults attending trip <input type="checkbox"/> "Declaration of Driver" and required attachments, completed by <b>each</b> driver of private or rental vehicle

**TRIP INFORMATION TO BE COMPLETED BY TEACHER:**

School or Center: Life Academy Site Number: 335

Destination: Washington DC/ New York City

Address: [REDACTED]

Phone or Contact Info: [REDACTED]

Departure - Date: May 14 Time: [REDACTED] Place of Departure: [REDACTED]

Return - Date: May 22 Time: [REDACTED] Place of Return: [REDACTED]

Class(es)/Group Attending: 9th and 11th graders in Close Up Post Session Group

Grade(s): 9/11 # of Students: 16 # of Adults: 2

Teacher Supervising Trip: Jack Jue, Jose Gil

Emergency Contact # During Trip: Jack Jue [REDACTED]

Supervising Teacher's Email Address: jack.jue@ousd.org



**OAKLAND UNIFIED SCHOOL DISTRICT**

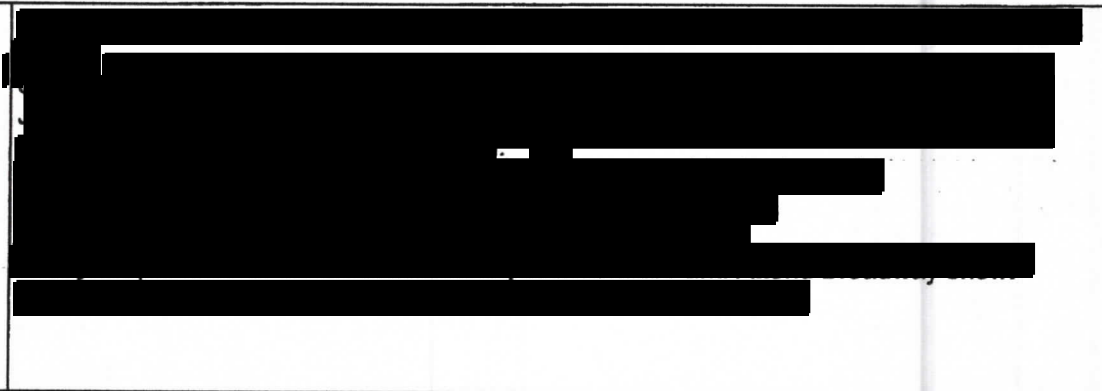
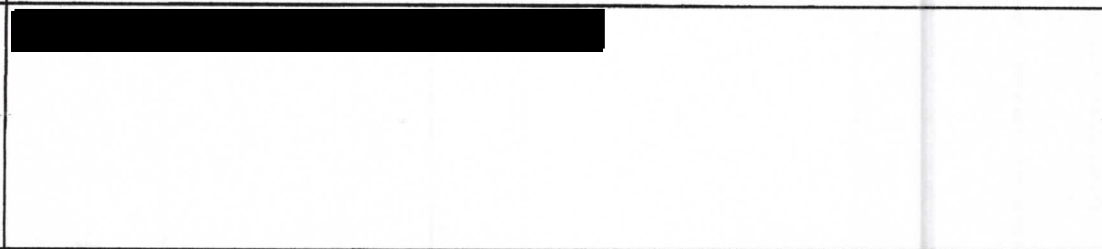
Community Schools, Thriving Students

Site: Life Academy 335

Teacher Supervising Trip: Jack Jue

Destination: Washington DC/ NYC

Date of Departure: May 14

<p>Describe itinerary and</p> <p>(<input type="checkbox"/> Trip will include swim or water activities)</p>	
<p>Names of teachers and staff attending trip:</p>	<p>Teachers: <b>Jack Jue, Jose Gil</b></p> <p>Staff:</p>
<p>Describe mode of transportation for each leg of the trip:</p>	
<p>Describe educational purpose of trip, including how it aligns with grade level standards, supports the teaching and learning and/or parent ed/training component of site plan, including related activities prior to trip and student follow-up activities that will occur after the field trip/excursion:</p>	<p>The opportunity to visit DC and NYC and the historical and political activities students will be engaging in are directly aligned with US History and Ethnic studies standards. <i>Students will have single occupancy rooms through fundraising and Close Up Foundation</i></p>

**TRIP COSTS**

District funds may be used to pay transportation costs for out of state trips or direct educational program costs. Transportation costs include airfare, bus fare, car fare, etc. related to transportation to/from the out-of-state destination and the transportation costs for the school sponsored activities during the trip. Direct educational program costs include admission fees for visits which are part of the program (e.g. museum).

District funds may NOT be used to pay for non-travel pupil expenses for out of state trips. Non-travel pupil expenses include meals, sundries, lodging, etc.

If you want to use District funds to pay for non-travel pupil expenses on an out of state trip, you must first obtain approval for a waiver of Education Code 35330 from the OUSD Board of Education and the State Board of Education.

Amount of District funds to be used for trip costs will be \$0

Funding source for the trip will be:  General Funds  Restricted funds  No District funds will be used

Resource #: \_\_\_\_\_



Site: Life Academy 335
Teacher Supervising Trip: Jack Jue
Destination: Washington DC/NYC
Date of Departure: Amy 14

PROGRAM/ADMISSION COSTS

Total Cost of Program/Admission: \$0 Source: [ ] General Funds [ ] Restricted [x] No District Funds
Cost per student: \$ Cost per adult: \$

Table with 6 columns: Org. Key, Object #, Resource #, Amount, Req #, PO #. Object # contains 5829 and 5829.

TRANSPORTATION/CHARTER BUSES

Note: If buses will be used, the approved bus company list is located on the Intranet with the Field Trip information.

Bus Company: All charter buses are booked through the Close UP Foundation

# of buses ordered: Size of bus ordered: Wheelchair accessible needed?

Cost of transportation: \$0 Source: [ ] General Funds [ ] Restricted Funds [x] No District Funds

Table with 6 columns: Org. Key, Object #, Resource #, Amount, Req #, PO #. Object # contains 5826 and 5826.

HEALTH CONDITIONS/MEDICATION

Will there be any students participating in the field trip with the following conditions? Yes: [ ] No: [ ]

- Severe Allergy, Asthma, Diabetes, Seizures, Sickle Cell Anemia, Other condition(s)
Student has an Epi-pen at school, Student has an inhaler at school, Student has medication at school, Student has medication at school, Student has medication at school, Student has medication at school

Will any students need medications during the trip? Yes: [ ] No: [x]

If the answer is yes, please fax the attached Health Services Notification Form to 879-4605.

CERTIFICATES OF INSURANCE

Facility/Program Insurance: Attach copies of Proof of Insurance from all private vendors (except publicly owned and operated).

District Insurance: Has vendor requested that OUSD provide a certificate of the District's insurance? Yes: [ ] No: [x]
If yes, attach the written requirements provided by the Facility. (Once the Certificate of Insurance is prepared, it will be faxed to the contact person at the facility and the school site contact. The original certificate will then be sent to the school site contact and will be given to the facility if required.)

OFFICE OF ACCOUNTABILITY PARTNERS

If restricted funds are used for this field trip/excursion, Office of Accountability Partners approval is required to ensure compliant use of resources and alignment with the Single Plan for Student Achievement (SPSA). List the relevant SPSA Tracking Numbers to indicate alignment.

SPSA Tracking #: \_\_\_\_\_

- 1. Attach a copy of the site plan, if modified. Modified SPSA Date:
2. Documentation of the follow up activities is to be maintained at the site for State and Federal compliance review.



**OAKLAND UNIFIED SCHOOL DISTRICT**  
Community Schools, Thriving Students

Site: Life Academy 335

Teacher Supervising Trip: Jack Jue

Destination: DC and NYC

Date of Departure: May 14, 2022

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
<b>Site Administrator</b> <input checked="" type="checkbox"/> Trip aligns with grade level standards <input checked="" type="checkbox"/> Trip purpose, supervision plan, transportation, safety parameters and funding are appropriate <input checked="" type="checkbox"/> Reviewed agreements/contracts with any facility, program or vendor (attach copies) <input checked="" type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips	Aryn Bowman 	Yes		2/3/22
<b>Network Superintendent</b> <input type="checkbox"/> Trip purpose, transportation, and funding are appropriate <input type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips		✓		2/3/22
<b>Office of Accountability Partners</b> (if restricted funds) <input type="checkbox"/> Compliant use of resources and in alignment with school site plan (SPSA)				
<b>Risk Management</b> <input type="checkbox"/> Business contracts, insurance, safety and policy compliance are sufficient <input type="checkbox"/> Notify Site of <b>conditional approval</b> of Request <b>pending</b> receipt of the completed Checklist Prior to Trip Departure (and attachments)		✓		2/22/22

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
<b>Site Administrator</b> <input checked="" type="checkbox"/> Forward the <b>completed</b> : (1) Checklist Prior to Trip Departure; (2) list of students and adults attending trip; (3) "Declaration of Driver" and required attachments, completed by <b>each</b> driver of private or rental vehicle	Aryn Bowman 	Y		2/3/22
<b>Risk Management</b> <input type="checkbox"/> Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver <input type="checkbox"/> Notify Site of Trip Approval once approved by Superintendent		✓		2/22/22
<b>Superintendent</b> <input checked="" type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management	Sandra Aguilera 	✓		3/1/2022



**CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE**

(initial each item certifying completion)

JJ "OUSD Student Out of State Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.

JJ "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.

JJ OUSD Fingerprint and TB risk assessment per OUSD AR 1240 have been obtained for all non-District employee chaperones.

JJ No student has been prevented from making a trip due to lack of sufficient funds.

JJ No District funds will be used to pay for "pupil expenses" on out of state trips unless waiver of Education Code 35330(b)(3) is granted by OUSD Board of Education and the State Board of Education. Pupil expenses include meals, sundries, lodging, etc. (District funds may be used to pay transportation costs or direct educational program costs.)

JJ Meeting held for staff, noncertificated adults, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions as required by OUSD AR 6153.

Meeting date: 3/17/22

JJ Health Conditions/Medication: School nurse or Health Services has been consulted at least two weeks prior to any field trip. Trip participant health information has been gathered and reviewed and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (e.g., food allergies). A plan has been developed by a school nurse to collect, secure, and dispense prescription medications from their original containers and consistent with physician's instructions. (See OUSD AR 5141.21)

JJ Supervision is by certificated personnel and assisted by other school employees, parent(s)/guardian(s), or other authorized chaperones who are at least 21 years old. Site Administrator and Teacher/lead trip staff are satisfied all chaperones are willing and able to perform required duties, including understanding and implementing instructions, understanding health information for students in their group and responding effectively in the event of an emergency.

JJ Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).

JJ Sleeping arrangements and night supervision are safe and appropriate.

JJ Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones). At least one adult has current First Aid/CPR training.

JJ Confirm that: (1) arrangements have been made for use of a vehicle in event of illness or emergency and (2) students received instruction in safe conduct on bus or other transport.

JJ OUSD Declaration of Driver form completed and signed by driver and registered owners of any private vehicles used on trip and copy of proof of insurance and California driver's license are on file and secured at school site. The same forms may be used for multiple trips or for entire school year as long as insurance proof on file is updated. This requirement does not apply to licensed bus companies on the District's approved bus list or for public transportation entities, airlines or AMTRAK.

JJ  Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.

JJ Site and trip leader has a list of students and adults attending trip.

JJ Staff and students will wear masks while indoors (including transportation) during the trip.

JJ Each individual attending the trip will have their own room/tent/cabin to spend the night, or will sleep outdoors.

**TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST**





**HEALTH SERVICES NOTIFICATION FORM**

**TRIP INFORMATION:**

School or Center: Life Academy Site Number: 335

Destination: Washington DC/NYC

Departure - Date: May 14 Time: 8:00pm

Return - Date: May 22 Time: 10:30PM

Class(es)/Group Attending: 9th and 11th graders in Close Up Post Session Group

Grade(s): 9/11 # of Students: \_\_\_\_\_ # of Adults: \_\_\_\_\_

Teacher Supervising Trip: Jack JUE

Supervising Teacher's Email Address: jack.jue@ousd.org

**HEALTH CONDITIONS/MEDICATION:**

Will there be any students participating in the field trip with the following conditions? Yes:  No:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Severe Allergy            | <input type="checkbox"/> Student has an Epi-pen at school |   |
| <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Student has an inhaler at school |   |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Student has medication at school |   |
| <input type="checkbox"/> Seizures                  | <input type="checkbox"/> Student has medication at school |   |
| <input type="checkbox"/> Sickle Cell Anemia        | <input type="checkbox"/> Student has medication at school |   |
| <input type="checkbox"/> Other condition(s): _____ |   | <input type="checkbox"/> Student has medication at school |

Will any students need medications during the trip? Yes:  No:

If the answer to any of these questions is yes, please fax this form to 879-4605.

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by student's parent/guardian and doctor. See your School Nurse/Health Services for more information.



**TO BE COMPLETED BY TEACHER**

School or Center: Life Academy 335

Destination: Washington DC/NYC  
 Address: [REDACTED]

Departure - Date: May 14 Time: [REDACTED] Place of Departure: [REDACTED]

Return - Date: May 22 Time: [REDACTED] Place of Return: [REDACTED]

Class/Group Attending: 9th and 11th graders in Close Up Post Session Group

Name(s) of Classroom Teacher(s): Jack Jue, Jose Gil

Teacher Supervising Trip: Jack Jue

Emergency Contact # During Trip: Jack Jue [REDACTED]

<p><b>The field trip will involve the following:</b>          (Describe activities and itinerary):</p> <p>(<input type="checkbox"/>Swim/water activities permission required)</p>	<p>[REDACTED]</p>
<p><b>Mode(s) of transportation:</b></p>	<p>[REDACTED]</p>
<p><b>Student needs to bring:</b></p>	<p>Professional clothing all days of trip          Toiletries for duration (toothbrush, toothpaste, soap, etc)          Spending money (if they choose)</p>

**Insurance Notice to Parents:** OUSD provides limited accident insurance coverage for eligible student injuries occurring during field trips/school sponsored activities within the U.S. To make an insurance claim, obtain a claim form from the school principal. For information on accident insurance, contact OUSD Risk Manager Rebecca Cingolani at [Rebecca.Cingolani@ousd.org](mailto:Rebecca.Cingolani@ousd.org).



**STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP**  
DESTINATION OUTSIDE OF CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

**TO BE COMPLETED BY PARENT/GUARDIAN**

I give permission for my daughter/son/ward \_\_\_\_\_  
(Name of Student – please print)

to participate in a field trip on Date(s): \_\_\_\_\_ to \_\_\_\_\_  
to: May 14 - May 22 Washington DC/NYC

Emergency Number(s) for Parent/Guardian: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

**Student Health Conditions**

- Severe Allergy to: \_\_\_\_\_  Student has an Epi-pen at school
- Asthma  Student has an inhaler at school  Diabetes  Student has medication at school
- Seizures  Student has medication at school  Sickle Cell Anemia  Student has medication at school
- Other condition(s): \_\_\_\_\_  Student has medication at school

Medications needed during the school day: \_\_\_\_\_

Medications needed after school hours: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

Health Insurance Plan Name: \_\_\_\_\_ Subscriber/Policy No. \_\_\_\_\_

**Swim/Water Activities Permission** – If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes \_\_\_\_\_ No \_\_\_\_\_

My child's swimming ability is (check one): Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

**Authorization to treat minor:** In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

**Notice of Waiver of All Claims:** I hereby knowingly waive all of my and my daughter's/son's/ward's claims against any school district, charter school, and/or the State of California for injury, accident, illness or death occurring during or by reason of the out-of state field trip or excursion. (Education Code Section 35330)

Parent or Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**FOR HIGH SCHOOLS ONLY:** With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.

\_\_\_\_\_ My high school student has my permission to arrive at and/or leave the destination on his/her own: \_\_\_\_\_ arrive \_\_\_\_\_ leave

Parent or Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



**ADULT PARTICIPANT OUT OF STATE FIELD TRIP/EXCURSION CHAPERONE AGREEMENT (NON-OUSD EMPLOYEE)**

**TO BE COMPLETED BY CHAPERONE**

I, \_\_\_\_\_, have read and understand the trip information materials and hereby agree to participate in the field trip or excursion on \_\_\_\_\_ through \_\_\_\_\_ to \_\_\_\_\_  
(Name of Adult) (Destination)

1. **I understand** that my participation in this field trip/excursion is voluntary, but having agreed I will follow instructions provided by supervising teacher/coach and I will comply with all District requirements pertaining to the chaperoning of students. I understand that I must undergo a criminal background clearance.<sup>1</sup>

2. **I understand** that no insurance is provided by the Oakland Unified School District for this field trip/ excursion.

**Swim/Water Activities Participation** – If swimming and/or water activities are a part of the field trip, do you agree to participate in these activities as needed? \_\_\_\_ Yes \_\_\_\_ No

My swimming ability is (check one): \_\_\_\_ I do not swim \_\_\_\_ Beginner \_\_\_\_ Intermediate \_\_\_\_ Advanced

**Authorization to treat:** I hereby give permission to the School staff to secure proper treatment for me.

**Notice of Waiver of All Claims:** I hereby knowingly waive all of my claims against any school district, charter school, and/or the State of California for injury, accident, illness or death occurring during or by reason of the out-of state field trip or excursion. (Education Code Section 35330)

Adult Participant Phone Numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Numbers: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Adult Participant's Critical Medical Needs/Medications/Allergies/Conditions: \_\_\_\_\_

Health Insurance Plan Name: \_\_\_\_\_ Subscriber/Policy No. \_\_\_\_\_

Date: \_\_\_\_\_ Adult Participant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

<sup>1</sup> For more information, see <http://ousd.org/volunteers>. For questions, email [volunteers@ousd.org](mailto:volunteers@ousd.org).