

Board Office Use: <b>Legislative File Info.</b>	
File ID Number	18-1353
Introduction Date	6/27/18
Enactment Number	18-1196
Enactment Date	6/27/18 os



OAKLAND UNIFIED  
SCHOOL DISTRICT

# Memo

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

<b>Action Requested</b>	Approval of Board Resolution No. <u>1718-0198</u> authorizing student travel by school site Coliseum College Prep Academy to <u>Grand Canyon</u> for the period of <u>5/29/18</u> through <u>6/3/18</u>
<b>Itinerary and activities</b>	We will drive to the Mohave desert on May 29. We will proceed to the Grand Canyon on the 30th for two days of hiking and exploration. We will drive to Sequoia National Park on the 2nd and spend one night before driving back to CCPA on the 3rd of June.
<b>Educational Purpose of Trip</b>	We will learn about environmental science, provide PE credit, and discuss mathematical calculations necessary for planning to travel the distances necessary in sufficient time.
<b>Teachers Attending Trip</b>	3
<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**  
Resolution No. 1718-0198

**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 5/29/18 through 6/3/18 to Grand Canyon, Sequoia National Park. by Coliseum College Prep Academy, private vehicles.

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: Coliseum College Prep Academy

Destination: Grand Canyon

Departure Date: 5/29/18 Return Date: 6/3/18

Passed by the following vote:


AYES: Jame Harris, Shanthi Gonzales, Roseann Torres, Jody London, Vice President Jumoke Hinton Hodge, President Aimee Eng

NAYS: Nina

ABSTAINED: None

ABSENT: None

I hereby certify that the foregoing is a full, true and correct copy of a Resolution adopted by the Governing Board of the Oakland Unified School District at a Regular Meeting held 6/27/18.

By:   
Kyla Johnson-Trammell, Superintendent  
Secretary, Governing Board



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

5/24/18 kpowell  
**RECEIVED**

**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: Coliseum College Prep Academy Site Number: 232

Destination: Grand Canyon  
 Address: Havasupai Street, Grand Canyon Village, AZ, 86023  
 Phone or Contact Info: (928) 638-7888

Departure - Date: 5/29/18 5/29/2018 Time: 8 AM Place of Departure: CCPA

Return - Date: 6/3/18 Time: 5 PM Place of Return: CCPA

Class(es)/Group Attending: 9th - 12th Graders

Grade(s): 11/12 # of Students: 23 # of Adults: 5

Teacher Supervising Trip: Zachary White/Lily Jefferies

Emergency Contact # During Trip: (510) 541-0829/0(415) 317-6867

Supervising Teacher's Email Address: zack.s.white@gmail.com/lilyjefferies@gmail.com



**OAKLAND UNIFIED SCHOOL DISTRICT**

Community Schools, Thriving Students

Site: 232 CCPA  
Teacher Supervising Trip: Zachary White  
Destination: Grand Canyon  
Date of Departure: 5/29/18

Describe itinerary and activities:  <input checked="" type="checkbox"/> Trip will include swim or water activities)	We will drive to the Mohave desert on May 29. We will proceed to the Grand Canyon on the 30th for two days of hiking and exploration. We will drive to Sequoia National Park on the 2nd and spend one night before driving back to CCPA on the 3rd of June.
Names of teachers and staff attending trip:	Teachers: Zachary White, Lily Jefferies, Jason Werthmann  Staff: Moises Cervantes
Describe mode of transportation for each leg of the trip:	We will drive personal vehicles for each leg of the trip
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:	We will learn about environmental science, provide PE credit, and discuss mathematical calculations necessary for planning to travel the distances necessary in sufficient time.

**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

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

No District funds will be used



Site: 232 CCPA  
 Teacher Supervising Trip: Zachary White  
 Destination: Grand Canyon  
 Date of Departure: 5/29/18

**PROGRAM/ADMISSION COSTS**

Total Cost of Program/Admission: \$ \_\_\_\_\_ Source:  General Funds  Restricted  No District Funds  
 Cost per student: \$ \_\_\_\_\_ Cost per adult: \$ \_\_\_\_\_

Org. Key	Object #	Resource #	Amount	Req #	PO #
	5829				
	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: Walker Charter Services

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

Cost of transportation: \$ \_\_\_\_\_ Source:  General Funds  Restricted Funds  No District Funds

Org. Key	Object #	Resource #	Amount	Req #	PO #
	5826				
	5826				

**HEALTH CONDITIONS/MEDICATION**

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

- Severe Allergy  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

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

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:

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.

Board Office Use: <b>Legislative File Info.</b>	
File ID Number	18-1353
Introduction Date	6/27/18
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OAKLAND UNIFIED  
SCHOOL DISTRICT

# Memo

**To** Board of Education  
**From** Kyla Johnson-Trammell, Superintendent  
**Meeting Date** \_\_\_\_\_  
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<b>Educational Purpose of Trip</b>	We will learn about environmental science, provide PE credit, and discuss mathematical calculations necessary for planning to travel the distances necessary in sufficient time.
<b>Teachers Attending Trip</b>	3
<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.
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BOARD OF EDUCATION  
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OAKLAND UNIFIED SCHOOL DISTRICT**  
Resolution No. 1718-0198

**AUTHORIZATION FOR APPROVAL OF STUDENT TRAVEL**

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School: Coliseum College Prep Academy

Destination: Grand Canyon

Departure Date: 5/29/18 Return Date: 6/3/18

Passed by the following vote:

AYES:

NAYS:

ABSTAINED:

ABSENT:

I hereby certify that the foregoing is a full, true and correct copy of a Resolution adopted by the Governing Board of the Oakland Unified School District at a Regular Meeting held \_\_\_\_\_.

By: \_\_\_\_\_  
Kyla Johnson-Trammell, Superintendent  
Secretary, Governing Board



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

5/24/18 kpowell  
**RECEIVED**

**Basic Directions**

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7. Check the Pre-Approved Vendor List for contract and insurance requirements
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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
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Destination: Grand Canyon  
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 Phone or Contact Info: (928) 638-7888

Departure - Date: 5/29/18 5/29/2018 Time: 8 AM Place of Departure: CCPA

Return - Date: 6/3/18 Time: 5 PM Place of Return: CCPA

Class(es)/Group Attending: 9th - 12th Graders

Grade(s): 11/12 # of Students: 23 # of Adults: 5

Teacher Supervising Trip: Zachary White/Lily Jefferies

Emergency Contact # During Trip: (510) 541-0829/0(415) 317-6867

Supervising Teacher's Email Address: zack.s.white@gmail.com/lilyjefferies@gmail.com





**OAKLAND UNIFIED SCHOOL DISTRICT**

Community Schools, Thriving Students

Site: 232 CCPA  
Teacher Supervising Trip: Zachary White  
Destination: Grand Canyon  
Date of Departure: 5/29/18

Describe itinerary and activities:  <input checked="" type="checkbox"/> Trip will include swim or water activities)	We will drive to the Mohave desert on May 29. We will proceed to the Grand Canyon on the 30th for two days of hiking and exploration. We will drive to Sequoia National Park on the 2nd and spend one night before driving back to CCPA on the 3rd of June.
Names of teachers and staff attending trip:	Teachers: Zachary White, Lily Jefferies, Jason Werthmann  Staff: Moises Cervantes
Describe mode of transportation for each leg of the trip:	We will drive personal vehicles for each leg of the trip
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:	We will learn about environmental science, provide PE credit, and discuss mathematical calculations necessary for planning to travel the distances necessary in sufficient time.

**TRIP COSTS**

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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

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

No District funds will be used



Site: 232 CCPA  
Teacher Supervising Trip: Zachary White  
Destination: Grand Canyon  
Date of Departure: 5/29/18

**PROGRAM/ADMISSION COSTS**

Total Cost of Program/Admission: \$ \_\_\_\_\_ Source:  General Funds  Restricted  No District Funds  
Cost per student: \$ \_\_\_\_\_ Cost per adult: \$ \_\_\_\_\_

Org. Key	Object #	Resource #	Amount	Req #	PO #
	5829				
	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: Walker Charter Services

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

Cost of transportation: \$ \_\_\_\_\_ Source:  General Funds  Restricted Funds  No District Funds

Org. Key	Object #	Resource #	Amount	Req #	PO #
	5826				
	5826				

**HEALTH CONDITIONS/MEDICATION**

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

- Severe Allergy  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

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

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:   
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.



Site: 232 CCPA

Teacher Supervising Trip: Zachary White

Destination: Grand Canyon

Date of Departure: 5/29/18

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		✓		5/11/18
<b>Network Superintendent</b> <input checked="" type="checkbox"/> Trip purpose, transportation, and funding are appropriate <input checked="" type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips		✓		5/22/18
<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)		✓		5/30/18

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		✓		5/11/18
<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		✓		5/30/18
<b>Superintendent</b> <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management		✓		6/4/18



Site: 232 CCPA

Teacher Supervising Trip: Zachary White

Destination: Grand Canyon

Date of Departure: 5/29/18

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

(initial each item certifying completion)

- AC "OUSD Student Out of State Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
- AC "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.
- AC OUSD Fingerprint and TB risk assessment per OUSD AR 1240 have been obtained for all non-District employee chaperones.
- AC No student has been prevented from making a trip due to lack of sufficient funds.
- AC 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.)
- AC 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.
- AC Meeting date: 5/16/18
- AC 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)
- AC 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.
- AC Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
- AC Sleeping arrangements and night supervision are safe and appropriate.
- AC 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.
- AC 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.
- AC 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.
- AC  Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
- AC Site and trip leader has a list of students and adults attending trip.

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



**HEALTH SERVICES NOTIFICATION FORM**

**TRIP INFORMATION:**

School or Center: Coliseum College Prep Academy Site Number: 232  
 Destination: Grand Canyon  
 Departure - Date: 5/29/18 Time: 8 AM  
 Return - Date: 6/3/18 Time: 5 PM  
 Class(es)/Group Attending: Postsession group - 11/12 graders  
 Grade(s): 11/12 # of Students: 23 # of Adults: 5  
 Teacher Supervising Trip: Zachary White/Lily Jefferies  
 Supervising Teacher's Email Address: zack.s.white@gmail.com/lilyjefferies@gmail.com

**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.



**FIELD TRIP/EXCURSION INFORMATION**  
**DESTINATION OUTSIDE OF CALIFORNIA**  
(to be kept by Parent/Guardian)

**TO BE COMPLETED BY TEACHER**

School or Center: 232 Coliseum College Prep Academy

Destination: <u>Grand Canyon</u>
Address: <u>Havasupai Street, Grand Canyon Village, AZ, 86023</u>

Departure - Date: 5/29/18 Time: 8 AM Place of Departure: CCPA  
 Return - Date: 6/3/18 Time: 5 PM Place of Return: CCPA

Class/Group Attending: Postsession group - 11/12 graders

Name(s) of Classroom Teacher(s): Zachary Whitem Lily

Teacher Supervising Trip: \_\_\_\_\_

Emergency Contact # During Trip: \_\_\_\_\_

<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>We will drive to the Mohave desert on May 29. We will proceed to the Grand Canyon on the 30th for two days of hiking and exploration. We will drive to Sequoia National Park on the 2nd and spend one night before driving back to CCPA on the 3rd of June.</p>
<p><b>Mode(s) of transportation:</b></p>	<p>We will drive personal vehicles for each leg of the trip</p>
<p><b>Student needs to bring:</b></p>	<p>Water bottle, backpack, comfortable walking shoes, clothing for warm weather, sun screen, pillow, towel, toiletries, sunglasses. Optional: swim suit</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).





OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

DECLARATION OF DRIVER

Driver Name: Lily Jefferies

School or Center: 232-CCPA

Teacher: Lily Jefferies School Year: 2017-2018

The driver and registered owner who sign(s) this form assure(s) the Oakland Unified School District as follows:

- 1. That the driver is at least 21 years of age and holds a current valid California driver's license.
2. That the driver has not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.
3. That the vehicle described below is insured by [redacted] Insurance Company with policy limits of at least \$100,000 per individual and \$300,000 per occurrence for liability for bodily injury; and \$50,000 per occurrence for liability for property damage.
Policy No.: [redacted] Policy expiration date: 7/3/18
4. That Oakland Unified School District may confirm the above by telephone or written communication to the insurance agent listed below:

[redacted] Address of Insurance Agent [redacted]

- 5. That the driver and registered owner understand that Oakland Unified School District is not responsible for accidents or injuries that may occur and provides no insurance coverage whatsoever for the vehicle, driver, passengers or others.
6. That the driver will ensure that all passengers use safety belts or appropriate child car seat at all times.
7. That the vehicle meets all safety requirements and that the driver has received a copy and will follow the "Driver Instructions" on page 2 of this form.

[redacted] Model [redacted] Vehicle License No.

I certify that the information provided on this form is true and correct.
5/11/18 Lily Jefferies [redacted]
Name Signature of Driver Driver's License No. Cell Phone No.

I certify that the information provided on this form is true and correct and that driver has consent to use above vehicle to drive Oakland Unified School District students on above field trip or excursion.
5/11/18 Lily Jefferies
Date Registered Owner Name Signature of Registered Owner (if different from driver)

Attach a photocopy of driver's license and current insurance card or declarations page



For Roadside Assistance: [REDACTED]

Report a claim, get coverage and deductible information, request a tow from the accident scene, schedule an appraisal or reserve a rental car using:

- [REDACTED],
- [REDACTED] or
- By calling [REDACTED] our mobile phone shortcut number [REDACTED] or [REDACTED]

### California Evidence of Financial Responsibility

This ID card is evidence of liability insurance for your vehicle. The card is valid only as long as liability insurance remains in force. **Keep a copy of the ID card in your vehicle at all times.**

You may be required to produce your Identification card at vehicle registration or inspection, when applying for a driver's license, following an accident, or upon a law enforcement officer's request.

FCA1 Rev. 6-13

[REDACTED]

#### CALIFORNIA EVIDENCE OF FINANCIAL RESPONSIBILITY

Name and Address of Insured NAIC [REDACTED]

LILY JEFFERIES-WILMORE

[REDACTED]  
[REDACTED]

JOHN C JEFFERIES-WILMORE  
LILY JEFFERIES-WILMORE

Insurance Company

[REDACTED]

Policy Number	Effective Date	Expiration Date
[REDACTED]	01/03/18	07/03/18

Vehicle Make/Vehicle Identification Number [REDACTED]

This policy provides at least the minimum amounts of liability insurance required by the CA VEH CODE SECTION 16056 for the specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

b a c k

California Evidence of Financial Responsibility  
Keep this card.

**IMPORTANT:** The California Financial Responsibility Act (Section 16020) of the Vehicle Code requires every owner or operator of a vehicle subject to the requirements of the Financial Responsibility Act to carry evidence of financial responsibility in the vehicle at all times. Under vehicle code (Section 16028) every driver involved in an accident must provide evidence of financial responsibility at the scene. Failure to comply is an infraction and shall be punishable by fines, impoundment or license suspension.

Additional copies available at [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

For Roadside Assistance: [REDACTED]

Report a claim, get coverage and deductible information, request a tow from the accident scene, schedule an appraisal or reserve a rental car using:

- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED] Evidence of Financial Responsibility

This ID card is evidence of liability insurance for your vehicle. The card is valid only as long as liability insurance remains in force. **Keep a copy of the ID card in your vehicle at all times.**

You may be required to produce your identification card at vehicle registration or inspection, when applying for a driver's license, following an accident, or upon a law enforcement officer's request.

FCA1 Rev. 6-13

[REDACTED]

CALIFORNIA EVIDENCE OF FINANCIAL RESPONSIBILITY

Name and Address of Insured NAIC [REDACTED]

JOHN C JEFFERIES-WILMORE

[REDACTED]  
[REDACTED]

JOHN C JEFFERIES-WILMORE  
LILY JEFFERIES-WILMORE

[REDACTED]		
Policy Number	Effective Date	Expiration Date
[REDACTED]	01/03/18	07/03/18
Vehicle Make/Vehicle Identification Number	Year	
[REDACTED]	[REDACTED]	

This policy provides at least the minimum amounts of liability insurance required by the CA VEH CODE SECTION 16056 for the specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

b a c k

California Evidence of Financial Responsibility  
Keep this card.

**IMPORTANT:** The California Financial Responsibility Act (Section 16020) of the Vehicle Code requires every owner or operator of a vehicle subject to the requirements of the Financial Responsibility Act to carry evidence of financial responsibility in the vehicle at all times. Under vehicle code (Section 16028) every driver involved in an accident must provide evidence of financial responsibility at the scene. Failure to comply is an infraction and shall be punishable by fines, impoundment or license suspension.

Additional copies available at [REDACTED]

CONTACT US: [REDACTED]

[REDACTED]  
[REDACTED]



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

DECLARATION OF DRIVER

Driver Name: Lily Jefferies

School or Center: 232-CCPA

Teacher: Lily Jefferies School Year: 2017-2018

The driver and registered owner who sign(s) this form assure(s) the Oakland Unified School District as follows:

- 1. That the driver is at least 21 years of age and holds a current valid California driver's license.
2. That the driver has not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.
3. That the vehicle described below is insured by [redacted] Insurance Company with policy limits of at least \$100,000 per individual and \$300,000 per occurrence for liability for bodily injury; and \$50,000 per occurrence for liability for property damage.
Policy No.: [redacted] Policy expiration date: 7/3/18
4. That Oakland Unified School District may confirm the above by telephone or written communication to the insurance agent listed below:
[redacted]
Name of Insurance Agent
[redacted]
5. That the driver and registered owner understand that Oakland Unified School District is not responsible for accidents or injuries that may occur and provides no insurance coverage whatsoever for the vehicle, driver, passengers or others.
6. That the driver will ensure that all passengers use safety belts or appropriate child car seat at all times.
7. That the vehicle meets all safety requirements and that the driver has received a copy and will follow the "Driver Instructions" on page 2 of this form.

Year [redacted] Make [redacted] Model [redacted] Passenger Capacity [redacted] Vehicle License No. [redacted]

I certify that the information provided on this form is true and correct.

5/11/18 Lily Jefferies [redacted]
[redacted] Name Signature of Driver Driver's License No. Cell Phone No.

I certify that the information provided on this form is true and correct and that driver has consent to use above vehicle to drive Oakland Unified School District students on above field trip or excursion.

5/11/18 Lily Jefferies
Date Registered Owner Name Signature of Registered Owner (if different from driver)

Attach a photocopy of driver's license and current insurance card or declarations page



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

DECLARATION OF DRIVER

Driver Name: Jason Werthmann
School or Center: 232-CCPA
Teacher: Jason Werthmann School Year: 17-18

The driver and registered owner who sign(s) this form assure(s) the Oakland Unified School District as follows:

- 1. That the driver is at least 21 years of age and holds a current valid California driver's license.
2. That the driver has not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.
3. That the vehicle described below is insured by [redacted] Insurance Company with policy limits of at least \$100,000 per individual and \$300,000 per occurrence for liability for bodily injury; and \$50,000 per occurrence for liability for property damage.
4. That Oakland Unified School District may confirm the above by telephone or written communication to the insurance agent listed below:
5. That the driver and registered owner understand that Oakland Unified School District is not responsible for accidents or injuries that may occur and provides no insurance coverage whatsoever for the vehicle, driver, passengers or others.
6. That the driver will ensure that all passengers use safety belts or appropriate child car seat at all times.
7. That the vehicle meets all safety requirements and that the driver has received a copy and will follow the "Driver Instructions" on page 2 of this form.

[Redacted]
Year Make Model Passenger Capacity Vehicle License No.

I certify that the information provided on this form is true and correct.
Date Driver Name Signature of Driver Driver's License No. Cell Phone No.

I certify that the information provided on this form is true and correct and that driver has consent to use above vehicle to drive Oakland Unified School District students on above field trip or excursion.
Date Registered Owner Name Signature of Registered Owner (if different from driver)

Attach a photocopy of driver's license and current insurance card or declarations page



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

DECLARATION OF DRIVER

Driver Name: Jessica Cervano
School or Center: 232 - Coliseum College Prep Academy
Teacher: Lily Jeffenes School Year: 2017-2018

The driver and registered owner who sign(s) this form assure(s) the Oakland Unified School District as follows:

- 1. That the driver is at least 21 years of age and holds a current valid California driver's license.
2. That the driver has not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.
3. That the vehicle described below is insured by [redacted] Insurance Company with policy limits of at least \$100,000 per individual and \$300,000 per occurrence for liability for bodily injury; and \$50,000 per occurrence for liability for property damage.
4. That Oakland Unified School District may confirm the above by telephone or written communication to the insurance agent listed below:
5. That the driver and registered owner understand that Oakland Unified School District is not responsible for accidents or injuries that may occur and provides no insurance coverage whatsoever for the vehicle, driver, passengers or others.
6. That the driver will ensure that all passengers use safety belts or appropriate child car seat at all times.
7. That the vehicle meets all safety requirements and that the driver has received a copy and will follow the [redacted]

[redacted] Model [redacted] Passenger Capacity [redacted] Vehicle License No.

I certify that the information provided on this form is true and correct.

5/11/18 Jessica Cervano [Signature] [redacted] [redacted]
Date Driver Name Signature of Driver Driver's License No. Cell Phone No.

I certify that the information provided on this form is true and correct and that driver has consent to use above vehicle to drive Oakland Unified School District students on above field trip or excursion.

5/11/18 Jessica Cervano [Signature]
Date Registered Owner Name Signature of Registered Owner (if different from driver)

Attach a photocopy of driver's license and current insurance card or declarations page