

Board Office Use: Legislative File Info.	
File ID Number	15-0778
Introduction Date	4-22-15
Enactment Number	150547
Enactment Date	4/22/15 <i>ca</i>



OAKLAND UNIFIED SCHOOL DISTRICT

every student. every classroom. every day.

OAKLAND USD
 APR 13 2015
 HIGH SCHOOL NETWORK

Memo

To Board of Education
From _____, Superintendent
Board Meeting Date 4/22/15
Subject Approval of Request for Student Travel

Action Requested	<input checked="" type="checkbox"/> Approval of request for student travel of <u>Skyline High School</u> to <u>Reno, Nevada</u> for the period of <u>April 23, 2015</u> through <u>April 26, 2015</u> . Grade(s): <u>9-12</u> # of Students: <u>30</u> # of Adults: <u>8</u> <input checked="" type="checkbox"/> Ratification of Educational Organization Contract with _____
Educational Purpose of Trip	Skyline High School Jazz Band students will be competing in jazz festival in Reno, Nevada. Students have been practicing and will perform relevant music from a variety of genres and cultures. Students will also receive assessment and feedback from college professors and industry professionals.
Itinerary and activities	April 23-Leave Skyline High School at 10 am April 24-Students will perform in 4 performances in morning and afternoon; followed by evening of awards ceremony April 25-Students will be attending concert April 26-Return to Skyline High School by 6 pm
Teachers and Staff Attending Trip	Kenneth Williams, Jr. (Lead Teacher and Music Director), Justin Anderson, Michael Knox and Plashan McCune
Site Administrator Affirms	<input checked="" type="checkbox"/> Parental permission forms will be on file for all students participating and school has emergency communication protocol <input checked="" type="checkbox"/> At least one OUSD employee accompanying the students is certificated <input checked="" type="checkbox"/> Non-OUSD chaperones, if any, will meet criminal background check requirements <input checked="" type="checkbox"/> There will be sufficient and appropriate chaperones for this field trip <input checked="" type="checkbox"/> School will address financial or accessibility issues that might prevent students from participating
Recommendation	<input checked="" type="checkbox"/> Approval of request for student travel of <u>Skyline High School</u> to <u>Reno, Nevada</u> for the period of <u>April 23, 2015</u> through <u>April 26, 2015</u> . <input checked="" type="checkbox"/> Ratification of Educational Organization Contract with _____
Fiscal Impact	Amount of District funds to be used for trip costs will be \$ <u>3050</u> Funding source for the trip will be: <input checked="" type="checkbox"/> General funds <input type="checkbox"/> Restricted funds <input type="checkbox"/> No District funds will be used

**RESOLUTION
OF THE
BOARD OF EDUCATION
OF THE
OAKLAND UNIFIED SCHOOL DISTRICT
Resolution No. 1415-1117**

**AUTHORIZATION FOR APPROVAL OF STUDENT TRAVEL AND/OR EDUCATIONAL
ORGANIZATION CONTRACT**

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, Superintendent requests the Board of Education to approve the Request for Student Travel to Reno, Nevada, on April 23, 2015 through April 26, 2015 by Skyline High School students.

NOW, THEREFORE, BE IT RESOLVED, the Board of Education of the Oakland Unified School District does hereby approve:

Request for student travel for 30 students and 8 adults from Skyline High School to travel to Reno, Nevada, in order for the Skyline High School Jazz Band to compete in the Reno Jazz Festival. Students will perform relevant music from a variety of genres and cultures. They will also receive assessment and feedback from college professors and industry professionals, for the period of April 23, 2015 through April 26, 2015, at no cost to the District.

Passed by the following vote:

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

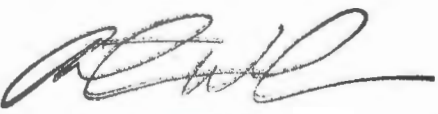
NAYS: None

ABSTAINED: None

ABSENT: None

I hereby certify that the foregoing is a full, true and correct copy of a Resolution adopted by the Board of Education of the Oakland Unified School District at a Regular Meeting held April 22, 2015.

File ID Number: 15-0778
Introduction Date: 4/22/15
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By: CS

By: 

Antwan Smith
Secretary, Board of Education



Basic Directions

1. Requests must be submitted to Network Executive Officer no later than **120 days** prior to departure
2. Board approval is required for all out of state trips.
3. Use of Restricted Funds requires additional approval by State & Federal Compliance
4. OUSD Fingerprint and TB clearance requirements per OUSD AR 1240 has been obtained for all non-District employee chaperones. (Arrange through <https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/> or email volunteers@ousd.k12.ca.us. Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years and obtain TB clearance once every 4 years.)
5. Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153
6. Check the Pre-Approved Vendor List for contract and insurance requirements

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: Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn) Program (attach copy unless publicly owned and operated) <input type="checkbox"/> Board Approval Memo
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 each driver of private or rental vehicle

TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center: Skyline High School Site Number: 306

Destination:	<u>Ramada Inn Hotel and Casino</u>	
Address:	<u>1000 E. 6th St. Reno, NV 89512</u>	Phone: <u>775-786-5151</u>

Date of Departure: April 23, 2015 Time of Departure: 10 am Place of Departure: Skyline High School

Date of Return: April 26, 2015 Time of Return: 6pm Place of Return: Skyline High School

Class(es) or Group Attending: Skyline Jazz Band

Grade(s): 9-12 # of Students: 30 # of Adults: 8

Teacher Supervising Trip: Kenneth Williams, Jr. Emergency Contact # during trip: 818-554-9118

Supervising teacher's email address: kenneth.williamsjr@ousd.k12.ca.us

Describe itinerary and activities: (<input type="checkbox"/> Trip will include swim or water activities)	No swimming on this trip. April 23-Depart Skyline High School for Reno, Nevada at 10 am April 24-Students will perform in 4 performances in morning and afternoon; followed by evening for the Awards Ceremony April 25-Attend Concert April 26-Return to Skyline High School by 6 pm
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Names of Teachers and staff attending trip:	Teachers: Kenneth Williams, Jr. Justin Anderson, Michael Knox Staff: Plashan McCune
Describe mode of transportation for each leg of the trip:	Charter bus-Walker's Bus Company will drive students to and fro
Describe how this trip 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:	Students will perform relevant music from a variety of genres and cultures Students will receive an assessment and evaluation from college professors and industry professionals Students will observe other high school performers and evaluate their performances

TRIP COSTS

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

TRANSPORTATION

Note: Site must order AC Transit and BART tickets.

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

of buses ordered: 1 Size of bus ordered: 55 passenger Wheelchair accessible needed? no
 Bus Company: Walker's Cost of transportation: \$ 3050 Restricted funds? no
 Charter Bus Account: Org. Key _____ Object: **5826** Charter Bus PO #: _____

ADMISSION COSTS

Cost per student: \$ _____ Cost per adult: \$ _____ Total cost: \$ 1644 Restricted funds? no
 Admission Account: Org. Key _____ Object: **5829** Admissions PO #: _____

SUBSTITUTES Are Subs Needed? Yes: No: (Note: School site is responsible for ordering substitutes)

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.)

STATE & FEDERAL COMPLIANCE

If restricted funds are used for this field trip/excursion, State & Federal Compliance approval is required.

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



OUT OF STATE FIELD TRIP/EXCURSION REQUEST

Site: Skyline High School, 306
 Teacher Supervising Trip: Kenneth Williams, Jr.
 Destination: Reno, Nevada
 Trip Departure Date: April 23-April 26

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input checked="" type="checkbox"/> Trip aligns with grade level standards <input 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		✓		4/8/15
Network Executive Officer <input 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	Kevin Taylor @	✓		4/13/15
State/Federal Compliance (if restricted funds) <input type="checkbox"/> Compliant use of resources and in alignment with school site plan (SPSA)				
Risk Management <input checked="" type="checkbox"/> Business contracts, insurance, safety and policy compliance are sufficient <input checked="" type="checkbox"/> Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)		✓		4/13/2015

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input checked="" type="checkbox"/> Forward the completed: (1) Checklist Prior to Trip Departure; (2) list of students and adults attending trip; (3) "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle		✓		4/8/15
Risk Management <input checked="" type="checkbox"/> Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver <input checked="" type="checkbox"/> Notify Site of Trip Approval once approved by Superintendent		✓		4/13/2015
Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management		✓		



OUT OF STATE FIELD TRIP/EXCURSION REQUEST

Site: Skyline High School, 306
Teacher Supervising Trip: Kenneth Williams, Jr.
Destination: Reno, Nevada
Trip Departure Date: April 23-April 26

CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE (initial each item certifying completion)

- IP VT OUSD Student Field Trip/Excursion Permission Slip has been signed by parent(s)/guardian(s) of all student participants.
VT Adult Participant Field Trip/Excursion Chaperone Agreement signed by all non-District employee chaperones.
VT OUSD Fingerprint and TB clearance requirements per OUSD AR 1240 have been obtained for all non-District employee chaperones.
VT No student has been prevented from making a trip due to lack of sufficient funds.
VT 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.
VT 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: November 2014 & again 4/16/2015
IP Health Conditions/Medication: 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).
VT 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.
VT Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
VT Sleeping arrangements and night supervision are safe and appropriate.
VT Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones).
VT Confirm that: (1) if destination is out of Oakland, arrangements have been made for use of an additional vehicle in event of illness or emergency and (2) students received instruction in safe conduct on bus or other transport.
VT 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.
n/a Water Activities: OUSD Procedures for Fields Trips including Swim or Water Activities have been met.
n/a Confirm all student participants on higher risk activities (e.g. swimming, snow trips, horseback riding, sailing, rafting, etc) are covered by medical or accident insurance as required by AR 6153.
VT Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST

Skyline

4/8/2015

2014-2015

BAND JAZZ P

Page 1

Sec 1757 Period 7 Sem: Y Teacher: Williams, K. Room# M-3

STU#	Student Name	Grade	Sex	STU#	Student Name	Grade	Sex
015357	Aigbuza, Eseosa	11	F				
018223	Allen, Jennifer	11	F				
015994	Ambrose, Malachi	10	M				
016389	Barquero Vasquez, Christia	10	M				
009724	Barr, Cullen	12	M				
017309	Berrol, Avshalom	9	M				
015886	Britton, Taesha	10	F				
015912	Broadbent, Pearse	10	M				
017186	Byrd, Khaliah	9	F				
017322	Campbell, Sophia	9	F				
009707	Colt-Lacayo, Reyna	12	F				
017149	Dawson, Kyle	9	M				
018128	Day, Jamariae	10	M				
017197	Dorsey, Oneal	9	M				
015918	Franklin, Miarra	10	F				
016493	Guzman, Jose	10	M				
017241	Hayes, Noah	9	M				
017451	Hernandez, Cesar	9	M				
017265	Hughes, Jabari	9	M				
014820	Katzman, Zachary	11	M				
017863	Kellogg, Mahogany	10	F				
009850	Lankford, Joshua	12	M				
009716	Lauti, Giovanni	12	M				
017154	Laxa, Jason	9	M				
016395	Nguyen, Anne	10	F				
016736	Olmsted, Madeline	12	F				
017172	Padilla, Amari	9	M				
017314	Pattillos, Diana	9	F				
015911	Rainey, Henry	10	M				
016013	Rath-Keyes, Matanda	10	M				
017496	Rivera, Xavier	9	M				
015016	Roque, Esteban	11	M				
009719	Seliger, Simone	12	F				
014832	Smith, Sidney	11	M				
016834	Tupou-Latu(Peaea Sanft, Si	10	M				
009969	Villanueva, Jose	12	M				
015905	Wikstrom, Clarisse	10	F				
009864	Wong-Rolle, Abigail	12	F				

Total Students: 38

* Indicates Pre-Enrolled Student



TO BE COMPLETED BY TEACHER

School or Center: Skyline High School

Field Trip Location and Address: 1000 E. 6th St. Reno, Nevada 89512

Date of Departure: April 23, 2015 Time of Departure: 10 am Place of Departure: Skyline High School

Date of Return: April 26, 2015 Time of Return: 6 pm Place of Return: Skyline High School

Class or Group Attending: Skyline High Jazz Band

Name(s) of classroom teacher(s): Kenneth Williams, Jr., Justin Anderson, Michael Knox (Plashan McCune, AP)

Teacher Supervising Trip: Kenneth Williams, Jr. Emergency Contact # during trip: 818-554-9118

<p>The field trip will involve the following: (Describe activities and itinerary):</p> <p><input type="checkbox"/> Swim permission required below.)</p>	<p>No swimming on this trip.</p> <p>April 23-Depart from Skyline High School at 10 am for Reno, Nevada April 24-Students will perform in 4 performances and attend evening awards ceremony April 25-Attend concert April 16-Return to Skyline High School by 6 pm</p>
<p>Mode(s) of transportation:</p>	<p>Charter Bus Company-Walker's Bus Company</p>
<p>Student needs to bring:</p>	<ul style="list-style-type: none"> -Instruments for the performances -School Jazz Uniform -Change of clothes -Layers of clothing-shirt, sweater and jacket -Money for personal spending -Activities worksheet



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 to: _____ Reno, Nevada _____ Date(s): April 23 - April 26

Emergency Contact Number(s) for Parent/Guardian: 1. _____ 2. _____ 3. _____

Alternate Emergency Contact Name: _____ Phone Number(s): _____

Student's Critical Medical Needs/Medications/Allergies/Conditions: _____

Health Insurance Plan Name¹: _____ Subscriber/Policy No. _____

n/a

Swim Permission – If swimming is a part of the field trip, do you give permission for your daughter/son/ward to participate in swimming activities? Yes _____ No _____ *No Swimming.*

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)

Date: _____ Parent or Guardian Signature: _____

Print Name: _____

FOR HIGH SCHOOLS ONLY: With the 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 will arrive at the destination on his/her own.

_____ My high school student will leave the destination on his/her own.

¹ Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).



DECLARATION OF DRIVER

Driver Name: _____

School or Center: _____ Skyline High School

Teacher: Kenneth Williams, Jr (lead teacher).-no driver for this trip School Year: 2014-2015

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 _____ Insurance Company for 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.: _____; Policy expiration date: _____.
4. That Oakland Unified School District may confirm the above by telephone or written communication to the insurance agent listed below:

Name of Insurance Agent

Telephone Number of Insurance Agent

Address of Insurance Agent

- 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 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 insurance card or declarations page



DRIVER INSTRUCTIONS FIELD TRIPS OR EXCURSIONS

Please follow the below instructions when transporting OUSD students on field trips or excursions:

1. Check the safety of the vehicle which will be used including: tires, brakes, lights, horns, suspension, etc.
2. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
3. Require each passenger to use an appropriate passenger restraint system (child car seat or safety belt) in accordance with law.
4. Obey all traffic laws.
5. Make sure the supervising teacher has advised you of any relevant medical conditions or allergies for those students assigned to your vehicle.
6. Make sure you have exchanged an emergency contact number with the supervising teacher in case you get lost, separated or there is an emergency. In case of emergency, keep all the children together and call 911, the supervising teacher and the school. If you cannot reach school personnel, contact the School District Superintendent's office at 879-8200.
7. You may not transport **anyone** during a field trip or excursion who has not been approved in advance by the supervising teacher and/or site principal.



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 _____ April 23, 2015 through _____ April 26, 2015 to _____ Reno, Nevada _____ (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.
2. I understand that no insurance is provided by the Oakland Unified School District for this field trip/ excursion.

Swim Participation - If swimming is a part of the field trip, do you agree to participate in swimming 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:

Fingerprinting can be arranged through https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/. For questions, email volunteers@ousd.k12.ca.us.