

Board Office Use: Legislative File Info.	
File ID Number	15-0727
Introduction Date	5-13-15
Enactment Number	15-0613
Enactment Date	5/13/15 <i>aw</i>



OAKLAND UNIFIED
SCHOOL DISTRICT

Community Schools, Thriving Students

Memo
To Board of Education
From To: Board of Education
From: Antwan Wilson, Superintendent
Subject: Approval of Request for Student Travel
Board Meeting Date 5/13/15
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>Dallas, TX.</u> , for the period of <u>June 14, 2015</u> through <u>June 20, 2015</u> . Grade(s): <u>10 & 11</u> # of Students: <u>2</u> # of Adults: <u>2</u> . <input type="checkbox"/> Ratification of Educational Organization Contract with _____
Educational Purpose of Trip	Students will be competing in the Nationals Debate Competition "Tournament of Champions." The trip is sponsored by Bay Area Urban Debate League (BAUDL).
Itinerary and activities	See attached tournament schedule
Teachers and staff Attending Trip	Mr. Darrell Kinney Mr. Toni Nielson
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>Dallas, TX.</u> , for the period of <u>June 14, 2015</u> through <u>June 20, 2015</u> . Grade(s): <u>10 & 11</u> # of Students: <u>2</u> # of Adults: <u>2</u> . <input type="checkbox"/> Ratification of Educational Organization Contract with _____
Fiscal Impact	Amount of District funds to be used for trip costs will be \$ <u>NA</u> Funding source for the trip will be: <input type="checkbox"/> General funds <input type="checkbox"/> Restricted funds <input checked="" type="checkbox"/> No District funds will be used

**RESOLUTION
OF THE
BOARD OF EDUCATION
OF THE
OAKLAND UNIFIED SCHOOL DISTRICT
Resolution No. 1415-1108**

**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 Dallas, TX on June 14, 2015 through June 20, 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 to Dallas, TX, for students to compete in the Nationals Debate Competition "Tournament of Champions." The trip is sponsored by Bay Area Urban Debate League (BAUDL), during the period of June 14, 2015 through June 20, 2015, at no cost to the District.

Passed by the following vote:

AYES: Roseann Torres, Aimee Eng, Nina Senn, 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 May 13, 2015.

File ID Number: 15-0727
Introduction Date: 5/13/15
Enactment Number: 15-0613
Enactment Date: 5/13/15
By: AS

By: 
Antwan Smith
Secretary, Board of Education



OAKLAND USD
MAR 24 2015
HIGH SCHOOL NETWORK

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: Sheraton Dallas Hotel
 Address: 400 N Olive St, Dallas, TX 75201 Phone: (214) 922-8000

Date of Departure: 6/14/15 Time of Departure: 12pm Place of Departure: OAK
 Date of Return: 6/20/15 Time of Return: 9am Place of Return: OAK

Class(es) or Group Attending: Debaters

Grade(s): 10/12 # of Students: 2 # of Adults: 1

Teacher Supervising Trip: Darrell Kinney Emergency Contact # during trip: 510-334-2344

Supervising teacher's email address: dkinneysf@gmail.com

Describe itinerary and activities: <input type="checkbox"/> Trip will include swim or water activities	Debate competition <u>n/a</u>
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Names of Teachers and staff attending trip:	Teachers: Darrell Kinney Staff:
Describe mode of transportation for each leg of the trip:	Flight
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:	critical thinking, argumentation, leadership <i>National Debate Competition</i>

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: _____ Size of bus ordered: _____ Wheelchair accessible needed? _____
 Bus Company: n/a Cost of transportation: \$ _____ Restricted funds? _____
 Charter Bus Account: Org. Key _____ Object: **5826** Charter Bus PO #: _____

ADMISSION COSTS

Cost per student: \$ n/a Cost per adult: \$ _____ Total cost: \$ _____ Restricted funds? _____
 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
 Teacher Supervising Trip: Darrell Kinney
 Destination: Dallas, TX
 Trip Departure Date: 6/14/15

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input type="checkbox"/> Trip aligns with grade level standards <input type="checkbox"/> Trip purpose, supervision plan, transportation, safety parameters and funding are appropriate <input type="checkbox"/> Reviewed agreements/contracts with any facility, program or vendor (attach copies) <input type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips		✓		3/19/15
Network Executive Officer <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		✓		3/25/15
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)		✓		4/1/2015

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input 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		✓		3/19/15
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		✓		4/1/2015
Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management		✓		4/2/15



OUT OF STATE FIELD TRIP/EXCURSION REQUEST

Site: Skyline High School
Teacher Supervising Trip: Darrell Kinney
Destination: Dallas, TX
Trip Departure Date: 6/14/15

CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE

(initial each item certifying completion)

- VP "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: 3/26/15
VT 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.
VT n/a Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
VT 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



TO BE COMPLETED BY TEACHER

School or Center: Skyline High School

Field Trip Location and Address: Sheraton Dallas Hotel: 400 N Olive St, Dallas, TX 75201

Date of Departure: 6/14/15 Time of Departure: 12pm Place of Departure: OAK

Date of Return: 6/20/15 Time of Return: 9am Place of Return: OAK

Class or Group Attending: Debaters

Name(s) of classroom teacher(s): Darrell Kinney

Teacher Supervising Trip: Darrell Kinney Emergency Contact # during trip: 510-334-2344

<p>The field trip will involve the following: (Describe activities and itinerary):</p> <p><input type="checkbox"/> Swim permission required below.)</p>	<p>Debate competition</p> <p>Leave OAK on 6/14/15 ; arrive in Dallas, TX late afternoon</p> <p>Prep for debate competition</p> <p>Participate in debate competition</p> <p>Return to OAK on 6/20/15</p>
<p>Mode(s) of transportation:</p>	<p>Flight</p> <p>shuttle bus to/from airport & hotel</p>
<p>Student needs to bring:</p>	<p>debater materials</p>



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: Sheraton Dallas Hotel Date(s): 6/14/15 - 6/20/15

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. _____

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 _____

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).



n/a

DECLARATION OF DRIVER

Driver Name: _____

School or Center: _____

Teacher: _____ School Year: 2009-2010

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.
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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.
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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)
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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)

n/a

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.
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:

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

**CALIFORNIA COMMERCIAL/FLEET
INSURANCE IDENTIFICATION CARD**

Company Name: Columbia Insurance Company
Company Address: 3333 Farnam Street Ste. 300 Omaha, NE 68131
NAIC No.: 27812

Name of Policyholder: THE BAY AREA URBAN DEBATE COMMITION
287 17TH ST APT. 201
Address of Policyholder: OAKLAND, CA 94612

Policy No.	Effective Date	Expiration Date
71APG064058-01	02/04/2015 3:44 PM	02/04/2016 12:01 AM
Vehicle Year	Make/Model	Vehicle Identification No.
2007	FORD ECONOLINE	1FBNE31L07DA98570

The policy meets the requirements of the California Vehicle Code Sections 16056 or 16500.5 and is a commercial or fleet policy.

M-4566a (11/1999)

VERY IMPORTANT - Please Read

In the event of accident, be sure to secure license number of the other vehicle, also full names and addresses of all other persons in the accident.

Also, write down full names and addresses of all witnesses. Report at once full details of accidents to your insurance company's Claim Operations, PO BOX 31361, Omaha, NE 68131-0361.

Toll Free 1-800-691-3891

(This identification card should be kept in your vehicle.)

CUT ALONG THIS LINE

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**CALIFORNIA COMMERCIAL/FLEET
INSURANCE IDENTIFICATION CARD**

Company Name: Columbia Insurance Company
Company Address: 3333 Farnam Street Ste. 300 Omaha, NE 68131
NAIC No.: 27812

Name of Policyholder: THE BAY AREA URBAN DEBATE COMMITION
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Policy No.	Effective Date	Expiration Date
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