

Board Office Use: <b>Legislative File Info.</b>	
File ID Number	24-3041
Introduction Date	1/8/25
Enactment Number	
Enactment Date	



# Board Cover Memorandum

**To** Board of Education

**From** Kyla Johnson-Trammell, Superintendent  
Joseph Blasher, Principal, Castlemont High School

**Meeting Date** January 8, 2025

**Subject** Approval of Request for Student Travel

**Action Requested** Approval of Board Resolution No. 2425-0039 authorizing student travel by school site Castlemont High School for thirty (30) 9<sup>th</sup> and 12<sup>th</sup> grade students to participate in the JAMZ National Cheer and Dance Competition, for the period of January 22, 2025 through January 26, 2025, at no cost to the District.

**Educational Purpose of Trip** This trip is a National Cheer Competition, and we are working on confidence and courage. The title of national winner will bring pride to Castlemont and OUSD sports.

**Itinerary and Activities** -Wednesday – 1/22/25 – [REDACTED]  
[REDACTED] Check-in and eat dinner, then study hall. 1 hour practice. Lights out at 9pm.

The competition is within walking distance of the hotel, so walking will be the form of transportation. A hotel shuttle will be used to return to the airport.

-Sunday – 1/26/25 – [REDACTED]

**Teachers Attending Trip** Staff: Linda Stenson, Cheer Coach  
Non-OUSD Chaperones: Davina McKnight, Jai Stenson, Samia Florence, Jady Parker, Cordetina Jones, Dalisha Foster

**Site Administrator Affirms**

- Parental permission forms will be on file for all students participating and school has emergency communication protocol.
- 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).
- School will address financial or accessibility issues that might prevent students from participating.

**Recommendation** Approval of Board Resolution authorizing student travel described above.

**Fiscal Impact** No Fiscal Impact to the District

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**RESOLUTION  
OF THE  
BOARD OF EDUCATION  
OF THE  
OAKLAND UNIFIED SCHOOL DISTRICT**  
Resolution No. 2425-0039

**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 6153 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 6153, the Superintendent requests the Board of Education to authorize student travel for the period of January 22, 2025 to January 26, 2025.

**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: Castlemont High School

Destination: JAMZ Nationals Cheer and Dance Competition at [REDACTED], Las Vegas, Nevada

Departure Date: 1/22/2025                      Return Date: 1/26/2025

Passed by the following vote:

AYES:

NAYS:

ABSTAINED:

ABSENT:

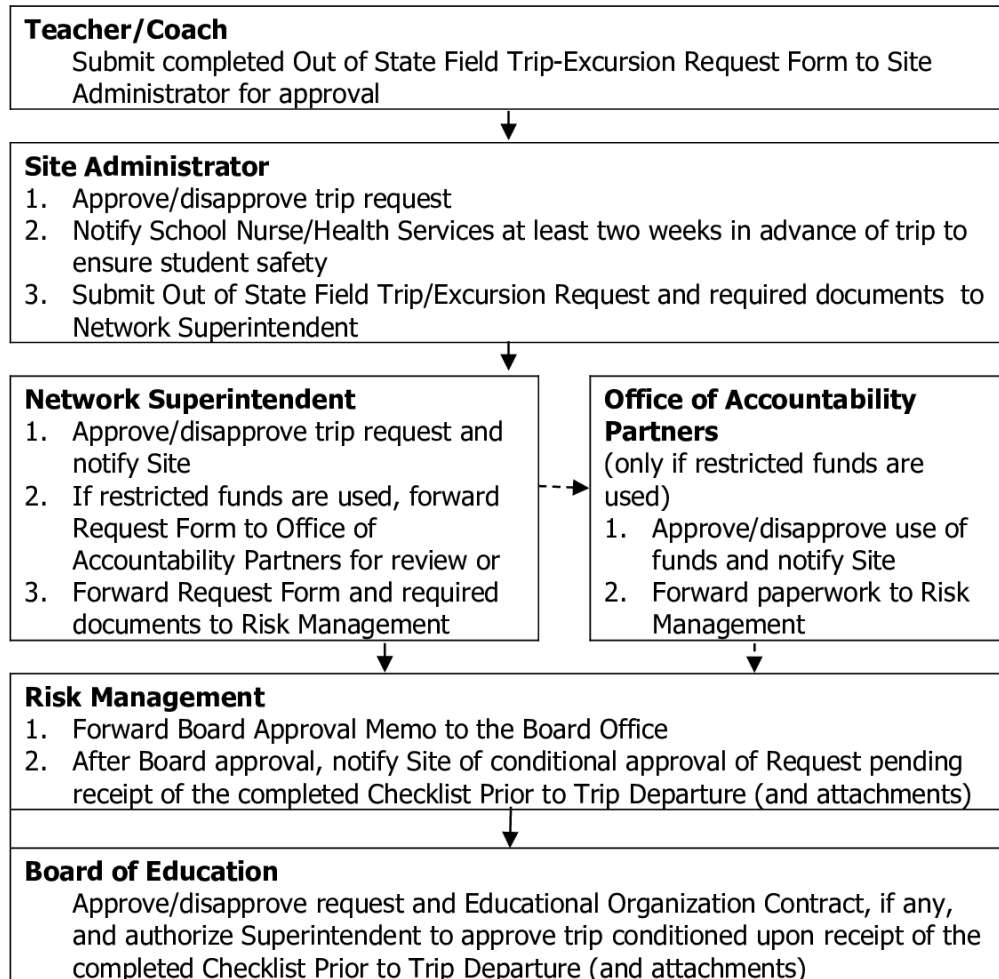
I hereby certify that the foregoing is a full, true and correct copy of a Resolution adopted by the Governing Board of the Oakland Unified School District at a Regular Meeting held on January 8, 2025.

By: \_\_\_\_\_  
Kyla Johnson-Trammell  
Secretary, Board of Education

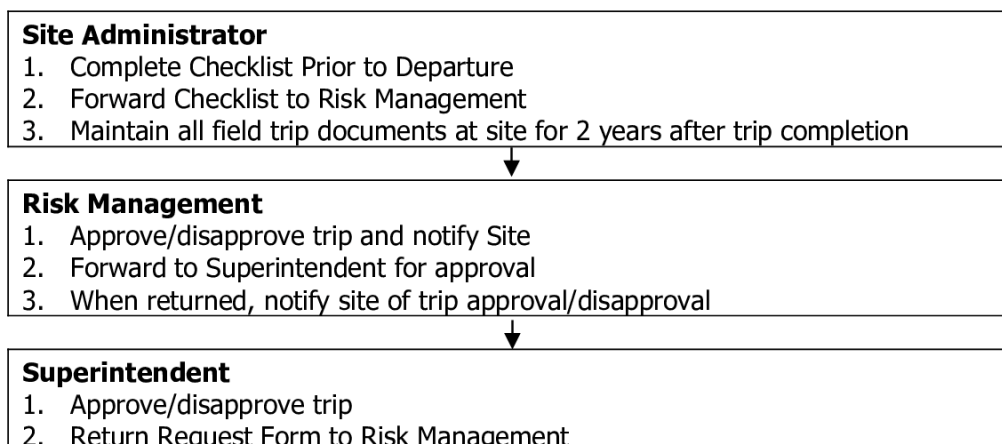


## **OUT OF STATE FIELD TRIPS APPROVAL PROCESS**

### **REQUEST APPROVAL:**



### **TRIP APPROVAL:**





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

### 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: Castlemont Site Number: 301

Destination: Jamz Nationals

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Address: 4500 Tropicana Ave Las Vegas

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Phone or Contact Info: [REDACTED]

Departure - Date: 01/22/2025 Time: [REDACTED] Place of Departure: [REDACTED]

Return - Date: 01/26/2025 Time: [REDACTED] Place of Return: [REDACTED]

Class(es)/Group Attending: Castlemont Cheer Team

Grade(s): 9-12 # of Students: 30 # of Adults: 7

Teacher Supervising Trip: Cheer Coach: Linda Stenson

Emergency Contact # During Trip: 510-830-9660

Supervising Teacher's Email Address: lstenson5@gmail.com



**OAKLAND UNIFIED SCHOOL DISTRICT**

*Community Schools, Thriving Students*

Site: \_\_\_\_\_

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

Destination: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

Describe itinerary and activities:  <input type="checkbox"/> Trip will include swim or water activities No	Day 1 Arrive at [REDACTED] PM. Check-in and eat dinner, then study hall. 1 hour practice. Lights out at 9 PM
Names of teachers and staff attending trip:	Teachers: N/A Staff: Coach Linda Non-OUSD Chaperones: Davina McKnight, Jai Stenson, Samia Florence, Jady Parker, Cordetina Jones, Dalisha Foster
Describe mode of transportation for each leg of the trip:	Airplane.  Upon arrival, the students will use the [REDACTED]. The competition is within walking distance of the hotel, so walking will be the form of transportation.  A hotel shuttle will be used [REDACTED].
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:	This trip is a National Cheer Competition, and we are working on confidence and courage.  This title of national winner will bring pride to Castlemont and OUSD sports

**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 #: \_\_\_\_\_

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional



Site: \_\_\_\_\_

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

Destination: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

**PROGRAM/ADMISSION COSTS**

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

Cost per student: \$ \_\_\_\_\_ Cost per adult: \$ \_\_\_\_\_

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional

**TRANSPORTATION/CHARTER BUSES** [Click here for approved bus company list](#)

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

Bus Company: Airport Shuttle

# of buses ordered: \_\_\_\_\_ Size of bus ordered: Airport Shuttle Wheelchair accessible needed? No

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

Resource #

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional

**HEALTH CONDITIONS/MEDICATION**

Will there be any students participating in the field trip with the following conditions? 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? 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? 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 #: N/A

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: \_\_\_\_\_

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

Destination: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
<b>Site Administrator</b> <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	<i>Joseph Blasher</i>	Approved		12/01/2024
<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	<i>Vanessa Buitrago</i>	Approved		12/01/2024
<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)	<i>Rebecca Littlejohn</i>	Approved		12/02/2024

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
<b>Site Administrator</b> <input 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	<i>Joseph Blasher</i>	Approved		12/01/2024
<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	<i>Rebecca Littlejohn</i>	Approved		12/02/2024
<b>Superintendent</b> <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management	<i>Sondra Aguilera</i>	Approved		12/02/2024



Site: \_\_\_\_\_

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

Destination: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

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

- PJ \_\_\_\_\_ "OUSD Student Out of State Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
- PJ \_\_\_\_\_ "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.
- PJ \_\_\_\_\_ OUSD Fingerprint and TB risk assessment per OUSD AR 1240 have been obtained for all non-District employee chaperones.
- PJ \_\_\_\_\_ No student has been prevented from making a trip due to lack of sufficient funds.
- PJ \_\_\_\_\_ 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.)
- PJ \_\_\_\_\_ 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: 11/18/2024
- PJ \_\_\_\_\_ 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)
- PJ \_\_\_\_\_ 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.
- PJ \_\_\_\_\_ Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
- PJ \_\_\_\_\_ Sleeping arrangements and night supervision are safe and appropriate.
- PJ \_\_\_\_\_ 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.
- PJ \_\_\_\_\_ 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.
- PJ \_\_\_\_\_ 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.
- PJ \_\_\_\_\_  Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
- PJ \_\_\_\_\_ Site and trip leader has a list of students and adults attending trip.
- PJ \_\_\_\_\_ Staff and students will wear masks while indoors (including transportation) during the trip.  
\*\*IF MANDATED\*\*

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