

Board Office Use: Legislative File Info.	
File ID Number	15-0596
Introduction Date	4-22-15
Enactment Number	15-0540
Enactment Date	4/22/15



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: April 22, 2015

Subject: Approval of Request for Student Travel

Action Requested	<input checked="" type="checkbox"/> Approval of request for student travel of <u>Bret Harte Middle School</u> to <u>Williamsburg, VA and Washington, D.C.</u> , for the period of <u>May 26, 2015</u> through <u>May 30, 2015</u> . Grade(s): <u>8th</u> # of Students: <u>7</u> # of Adults: <u>1</u> <input type="checkbox"/> Ratification of Educational Organization Contract with _____
Educational Purpose of Trip	Students will have hands on learning of American History and align with state standards for 8 th grade history requirement. Students will record observations and analysis of primary source in a Discovery Journal meeting Common Core State Standards for English Language Arts & Literacy in History/Social Studies.
Teachers and staff Attending Trip	Keith D. Brown
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>Bret Harte Middle School</u> to <u>Williamsburg, VA and Washington, D.C.</u> , for the period of <u>May 26, 2015</u> through <u>May 30, 2015</u> . Grade(s): <u>8th</u> # of Students: <u>7</u> # of Adults: <u>1</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. 1415-1099**

**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 Williamsburg, VA and Washington, D.C on May 26, 2015 through May 30, 2015, by Bret Harte Middle 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 Williamsburg, VA and Washington, D.C. to provide 8th grade students with hands on learning of American History and align with state standards for 8th grade history requirement. Students will record observations and analysis of primary source in a Discovery Journal meeting Common Core State Standards for English Language Arts & Literacy in History/Social Studies, during the period of May 26, 2015 through May 30, 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

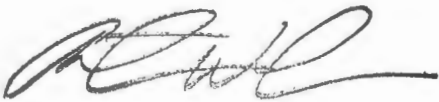
NAYS: None

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: 15-0596
Introduction Date: 4/22/15
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By: AS

By: 

Antwan Smith
Secretary, Board of Education



OAKLAND USD

MAR 05 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 _____ or email _____ . 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: Bret Harte Middle School Site Number: 206

Destination: Williamsburg, VA and Washington D.C.

Address: Worldstrides Tours 218 West Water Street, Suite 400 Charlottesville, VA Phone: 1-800-999-7676

Date of Departure: 5/26/2015 Time of Departure: 6:30 am Place of Departure: San Francisco Airport

Date of Return: 5/30/2015 Time of Return: 8:47 pm Place of Return: San Francisco Airport

Class(es) or Group Attending: 8th Grade History Students

Grade(s): 8th # of Students: 7 # of Adults: 1

Teacher Supervising Trip: Keith D. Brown Emergency Contact # during trip: 510 866-8280

Supervising teacher's email address: keith.brown@OUSD.k12.us.ca

Describe itinerary and activities: <input checked="" type="checkbox"/> Trip will include swim or water activities) <u>Swimming pool in hotel.</u>	<u>"SEE ATTACHED ITINERARY"</u>
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Names of Teachers and staff attending trip:	Teachers: Keith D. Brown Staff:
Describe mode of transportation for each leg of the trip:	Parents will provide transportation for Student to and from San Francisco Airport. Students will meet Teacher at the airlines ticket counter. See Itinerary for additional information.
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:	Visiting Washington D.C. will provide 8th grade students with hands on learning of American History and align with state standards for 8th grade history requirement. Students will record observations and analysis of primary source in a Discovery Journal meeting Common Core State Standards for English Language Arts & Literacy in History/Social Studies.

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: _____ Cost of transportation: \$ _____ Restricted funds? _____
 Charter Bus Account: Org. Key _____ Object: **5826** Charter Bus PO #: _____

ADMISSION COSTS

Cost per student: \$ _____ 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: Bret Harte Middle School
 Teacher Supervising Trip: Keith D. Brown
 Destination: Williamsburg, VA and Washington D.C.
 Trip Departure Date: 5/26/2015

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
Site Administrator <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		✓		5/4/15
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				3/8/15
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)		✓		3/11/2015

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		✓		3/4/15
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		✓		3/11/2015
Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management				3/11/15



OUT OF STATE FIELD TRIP/EXCURSION REQUEST

Site: Bret Harte Middle School
Teacher Supervising Trip: Keith D. Brown
Destination: Williamsburg, VA and Washington D.C.
Trip Departure Date: 5/26/2015

CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE

(initial each item certifying completion)

- TRH "OUSD Student Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
TRH "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.
TRH OUSD Fingerprint and TB clearance requirements per OUSD AR 1240 have been obtained for all non-District employee chaperones.
TRH No student has been prevented from making a trip due to lack of sufficient funds.
TRH 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.
TRH 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.
TRH 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.
TRH 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.
TRH Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
TRH Sleeping arrangements and night supervision are safe and appropriate.
TRH Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones).
TRH 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.
TRH 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.
TRH [] Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
TRH 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.
TRH Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



DECLARATION OF DRIVER

Driver Name: _____

School or Center: _____ Bret Harte Middle School

Teacher: _____ Keith D. Brown School Year: _____ 2013-2014

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.



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

TO BE COMPLETED BY TEACHER

School or Center: Bret Harte Middle School

Field Trip Location and Address: Williamsburg, VA and Washington D.C. Worldstrides Tours 218 West Water Street, Suite 400 Charlottesville, VA 22904

Date of Departure: 5/26/2015 Time of Departure: 6:30 am Place of Departure: San Francisco Airport

Date of Return: 5/30/2015 Time of Return: 8:47 pm Place of Return: San Francisco Airport

Class or Group Attending: 8th Grade History Students

Name(s) of classroom teacher(s): Keith D. Brown

Teacher Supervising Trip: Keith D. Brown Emergency Contact # during trip: 510 866-8280

<p>The field trip will involve the following: (Describe activities and itinerary):</p> <p>(<input type="checkbox"/> Swim permission required below.)</p>	<p>"SEE ATTACHED ITINERARY"</p>
<p>Mode(s) of transportation:</p>	<p>Parents will provide transportation for Student to and from San Francisco Airport. Students will meet Teacher at the airlines ticket counter. See Itinerary for additional information.</p>
<p>Student needs to bring:</p>	<p>Change of Uniform clothes for five days (weather appropriate), comfortable walking shoes and spending money for souvenirs</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: Williamsburg, VA and Washington D.C. Date(s): 5/26/2015 - 5/30/2015

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 [\(click on the link to K-12 Plans\)](#).



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 5/26/2015 through 5/30/2015 to Williamsburg, VA and Washington D.C. (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 email

. For questions,







(DRAFT) Tuesday, May 26,
2015

		In keeping with WorldStrides' commitment to safety and security for our participants, all itineraries are written to be Department of Transportation compliant and give drivers at least 9 hours off each night and a maximum of 15 hours on duty for drivers during any 24 hour period. Approximate Arrival - arrival time may change ideal dinner location/plans
7:00P		Coach DEPART for Williamsburg
10:00P		Coach DROP group at hotel for check-in

(DRAFT) Wednesday, March
27, 2015

7:30A		Hotel Breakfast
		BAGS ON BUS
8:15A		MEET Course Leader at hotel
8:30A		Coach DEPART
9:00A		Historic Jamestowne Glassblowing - please bring your fee waiver letter on this self-guided visit. - (45 ppl)
9:30A		***** Jamestown Settlement Guided Tour - MUST BE ON TIME. Meet guide at the Jamestown Settlement (Pending) - (45 ppl)
12:00P		***** College of William and Mary (Pending) - Must be on time, - Commons Building (Corner of Ukrop Way and Brooks), Williamsburg, VA 23185(757) 221-2115
1:45P		***** Williamsburg Study Visit- MUST BE ON TIME. Divide your school(s) into even groups of no more than 26 people. (Pending) - (45 ppl)
		***** Colonial Williamsburg 1-day Plus Tickets - this ticket enables holder to enter the GOVERNORS PALACE and all other buildings (Pending) - (45 ppl)
4:45P		Course Leader DISMISSED
5:00P		***** Roccos Smokehouse Grill (Pending) - Must be on time, - 207 Bypass Road, Williamsburg, VA 23185(757) 253-8550
6:00P		***** Storyteller (Pending) - (45 ppl)
7:00P		Coach DEPART for Washington D.C.
10:00P		Coach DROP group at hotel for check-in

(DRAFT) Thursday, May 28,
2015

7:00A		Hotel Breakfast
7:45A		Coach DEPART
8:45A		MEET Course Leader at Arlington National Cemetery Visitor Center
		Arlington National Cemetery - Kennedy Gravesites - Tomb of the Unknown Soldier - Changing of the Guard - Challenger Memorial
		Iwo Jima Marine Memorial
		OPEN- Pentagon City Mall - (TICKETS) - 1100 South Hayes Street, Arlington, VA 22202(703) 415-2130
		September 11th Pentagon Memorial
		Smithsonian Complex - Museum of American History - Natural History Museum
		National Archives
6:30P		***** Sizzling Express (located in Columbia Plaza) (Pending) - Must be on time, - 538 23rd Street N.W., Washington, DC 20037(202) 659-1234
		Lincoln Memorial - Korean Memorial - Vietnam Memorial
9:00P		Course Leader DISMISSED at Metrorail

9:30P  Coach DROP at hotel

(DRAFT)Friday, May 29, 2015

7:00A  Hotel Breakfast

7:45A  Coach DEPART

8:45A  MEET Course Leader by the Garfield Statue in front of the U.S. Capitol
Capitol Hill - Capitol (tour of grounds) - Supreme Court - Library of Congress
Einstein Statue - World War I Memorial


12:30P  *****Old Country Buffet Lunch (Pending) - 7820 Richmond Highway, Alexandria, VA 22306(703)
619-9557
Mt. Vernon - Home of George Washington - Education Center with House and Grounds Tour - (45
ppl)


6:00P  *****Great American Steak & Buffet (Pending) - 5902 Richmond Highway, Alexandria, VA
22303(703) 329-1555
Jefferson Memorial - FDR Memorial - Dr. Martin Luther King, Jr. National Memorial


9:00P  Course Leader DISMISSED at Metrorail


9:30P  Coach DROP at hotel


**(DRAFT)Saturday, May 30,
2015**


7:00A  Hotel Breakfast

7:45A  Coach DEPART

8:45A  MEET Course Leader at Old Post Office (Pennsylvania Avenue Side)
White House (picture stop) - White House Visitor's Center
Smithsonian Complex - Air & Space Museum

1:00P  *****OPEN- Reagan Int'l Trade Center (Pending) - (TICKETS) - 1300 Pennsylvania Avenue,
Washington, DC 20004(202) 312-1552
The Holocaust Museum - 100 Raoul Wallenberg Place, SW - Washington, DC #202-488-0400
(Must present confirmation letter for admission) - Groups enter at 15th Street entrance - Please
arrive 30 minutes early in order to clear security. - (55 ppl) Conf#-42043

3:00P  Course Leader DISMISSED at Metrorail

 Approximate Departure



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/27/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. Three James Center 1051 East Cary Street, Suite 900 Richmond, VA 23219 337687-Basic-14-15	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
INSURED Lakeland Tours, LLC dba WorldStrides 218 West Water Street Suite 400 Charlottesville, VA 22902	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Steadfast Insurance Company		26387
	INSURER B: American Guarantee & Liability Ins Co		26247
	INSURER C: North River Insurance Co		21105
	INSURER D: Federal Insurance Company		20281
	INSURER E: Zurich American Insurance Company		16535
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:**

CLE-004219983-01

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			EOL5329376-10	09/30/2014	09/30/2015	EACH OCCURRENCE \$ 10,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000	
	<input checked="" type="checkbox"/> Hired Autos						PERSONAL & ADV INJURY \$ 10,000,000	
	<input checked="" type="checkbox"/> Non-Owned Autos						GENERAL AGGREGATE \$ 10,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 10,000,000	
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC				\$	
	B AUTOMOBILE LIABILITY				PRA 9319586-03	09/30/2014	09/30/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS							BODILY INJURY (Per accident) \$
<input type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident) \$	
							\$	
C	UMBRELLA LIAB			582-101864-1 (1st layer - 25m)	09/30/2014	09/30/2015	EACH OCCURRENCE \$ 40,000,000	
	<input checked="" type="checkbox"/> OCCUR							
D	EXCESS LIAB			9363-59-15 (2nd layer -15m xs 25m)	09/30/2014	09/30/2015	AGGREGATE \$ 40,000,000	
	<input checked="" type="checkbox"/> CLAIMS-MADE						\$	
	DED						RETENTION \$ 0	
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 0137135-00 (AOS)	09/30/2014	09/30/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WC 0137136-00 (DE, NC)	09/30/2014	09/30/2015	E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
A	Errors & Omissions			EOL5329376-10	09/30/2014	09/30/2015	Each Claim 10,000,000	
							Aggregate 10,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Trip Date: 5/26/15 - 5/30/15
 Program Leader: Keith Brown
 Fax/Email: keith.brown@ousd.k12.ca.us

Bret Harte Middle School is an Additional Insured per the attached endorsement.

CERTIFICATE HOLDER

Bret Harte Middle School
 Attn: Keith Brown
 3700 Coolidge Ave
 Oakland, CA 94602

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 of Marsh USA Inc.

Kathy L. Dawson

Kathy L. Dawson

AGENCY CUSTOMER ID: 337687

LOC #: Richmond



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc.		NAMED INSURED Lakeland Tours, LLC dba WorldStrides 218 West Water Street Suite 400 Charlottesville, VA 22902	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds

- Lakeland Tours, LLC
- WorldStrides, Inc.
- Christian Discoveries
- Capstone Programs
- Accent Travel Group
- Travel MBA
- New Century Tours
- American High School Theatre Festival
- Worldpass Travel Group
- USA Student Travel
- Music America
- GET TRAVEL
- Adventures America
- Lakeland Holdings, LLC
- Lakeland Finance, LLC
- Heritage Education and Festivals, LLC
- Americas Travel Centre
- Bowl Games of America
- Skys The Limit
- Classic Festivals
- Field Studies Center of New York
- Field Studies International
- Backstage Theatre Tickets
- WorldStrides International, LLC
- Fawkes Travel, Inc.
- National Educational Travel Council, LLC
- NETC
- International Discovery Programs
- Casterbridge Tours, Ltd
- Lakeland Seller Finance, LLC
- WorldStrides Holdings, LLC
- WH Blocker, Inc.
- WS Purchaser, Inc.
- WS Holdings, Inc.
- WorldStrides Travel Information Consulting (Shanghai) Co., Ltd
- WorldStrides PTY LTD
- Snowman Property Management PTY LTD
- Tinogra PTY LTD
- Trekset Tours
- Group Travel
- Oxbridge Academic Resources, LLC

Additional Insured – Automatic Status for Common Trip Sponsors, Venues and Clients



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of Lind.
EOL5329376-10	09/30/2014	09/30/2015	09/30/2014

Named Insured and Address:

Lakeland Tours, LLC
 218 W. Water Street
 Charlottesville, VA 22902

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Travel Agents and Tour Operators Professional Liability Policy

A. Section III. PERSONS INSURED is amended to include as an **Insured**:

F. Any **Common Trip Sponsor, Venue and Client** the **Named Insured** is required to add as an additional **Insured** on this policy under a **Standard Tour or Trip Contract**.

B. The insurance provided to the additional **Insured Common Trip Sponsor, Venue and Client** applies only to **Bodily Injury, Property Damage, Personal Injury**, or negligent acts or negligent omissions covered under Section **I. A.** Coverages and the defense of **Suits** seeking **Damages** on account of such **Bodily Injury, Property Damage, Personal Injury** or any negligent act or negligent omission under Section **I. B.** Defense with respect to the **Travel Agency Operations** of the **Named Insured**.

However, regardless of the provisions of paragraphs **A.**, above:

1. The Company will not extend any insurance coverage to any additional **Insured Common Trip Sponsor, Venue and Client**:

- a. That is not provided to the **Named Insured** in this policy; or
- b. That is broader coverage than the **Named Insured** is required to provide to the additional **Insured Common Trip Sponsor, Venue and Client** in the **Standard Tour or Trip Contract**.

2. The Company will not provide Limits of Insurance to any additional **Insured Common Trip Sponsor, Venue and Client** that exceeds the lower of:

- a. The Limits of Insurance provided to the **Named Insured** in this policy; or
- b. The Limits of Insurance the **Named Insured** is required to provide in the **Standard Tour or Trip Contract**.

C. The insurance provided to the additional **Insured Common Trip Sponsor, Venue and Client** does not apply to **Bodily Injury, Property Damage, Personal Injury**, or any negligent act or negligent omission that results solely from the negligence of the additional **Insured**.

D. The additional **Insured** must see to it that:

1. The Company is notified as soon as practicable of an **Occurrence**, a negligent act or negligent omission or an offense that may result in a **Claim** or **Suit**;
 2. The Company receives written notice of a **Claim** or **Suit** as soon as practicable; and
 3. A request for defense and indemnity of the **Claim** or **Suit** will promptly be brought against any policy issued by any other insurer under which the additional **Insured** may be an insured in any capacity.
- E. For the purpose of this endorsement only, **Standard Tour or Trip Contract** means a written contract or written agreement between the **Named Insured** and a **Common Trip Sponsor, Venue and Client** under which:
1. The **Named Insured** has agreed to directly provide or arrange any travel or tour services; or
 2. The **Common Trip Sponsor, Venue and Client** has allowed the **Named Insured** to use or occupy premises with respect to performing travel or tour services.
- F. For the purposes of this endorsement only, **Common Trip Sponsor, Venue and Client** means any of the following groups and/or organizations: universities, schools and school districts, governmental entities or agencies, corporate clients, church groups, senior citizen groups, alumni associations, parks, museums, theaters, convention halls, bus depots and terminals, sponsoring trade groups, including the directors and employees of such.
- G. For the purpose of this endorsement only, Section **II. EXCLUSIONS**, paragraph **X**, item **1**. does not apply to any individual or entity who would qualify as an additional **insured** under this endorsement with respect to **Travel Agency Operations** of the **Named Insured**.

All other terms, conditions, provisions and exclusions of this policy remain the same.