

Board Office Use: Legislative File Info.	
File ID Number	23-2802
Introduction Date	12/13/23
Enactment Number	23-2163
Enactment Date	12/14/2023 os



Board Cover Memorandum

To Board of Education

From Kyla Johnson Trammell, Superintendent

Meeting Date December 13, 2023

Subject Approval of Request for Student Travel

Action Requested Approval of Board Resolution No. 2324-0013 authorizing student travel by school site Oakland High School to the Tarkanian Classic Boys Basketball Tournament, Grades 10-12, sixteen (16) students, four (4) adults, Las Vegas, Nevada, for the period of December 17, 2023 through December 22, 2023.

Educational Purpose of Trip The educational purpose of the trip is to expose our players to a different environment than Oakland and playing a different style of basketball.

Itinerary and Activities



Teachers Attending Trip Teachers: Orlando Watkins, Jonas Perez
Staff: Will Lew, Eric Van Laeken

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

Legislative File Info.	
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**RESOLUTION
OF THE
BOARD OF EDUCATION
OF THE
OAKLAND UNIFIED SCHOOL DISTRICT**
Resolution No. 2324-0013

AUTHORIZATION FOR APPROVAL OF STUDENT TRAVEL

WHEREAS, the Board of Education believes that field trips and other travel opportunities for students are a valuable tool in supporting classroom instruction and promoting students' awareness of places and events;

WHEREAS, Board Policy 6143 requires the Board of Education of the Oakland Unified School District to approve all trips involving out-of-state and out of country travel; and

WHEREAS, pursuant to Board Policy 6143, the Superintendent requests the Board of Education to authorize student travel for the period of December 17, 2023 to December 22, 2023.

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: Oakland High School

Destination: Tarkanian Classic Boys Basketball Tournament, Las Vegas, Nevada

Departure Date: December 17, 2023

Return Date: December 22, 2023

Passed by the following vote:

Preferential AYES: Vida Mendoza (Student Director)


AYES: Jennifer Brouhard, VanCedric Williams, Valerie Bachelor, Benjamin "Sam" Davis, Jorge Lerma, Vice President Clifford Thompson, President Mike Hutchinson

NAYS: None

ABSTAINED: None

ABSENT: Anevay Cruz (Student Director)

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 December 14, 2023.

By: 

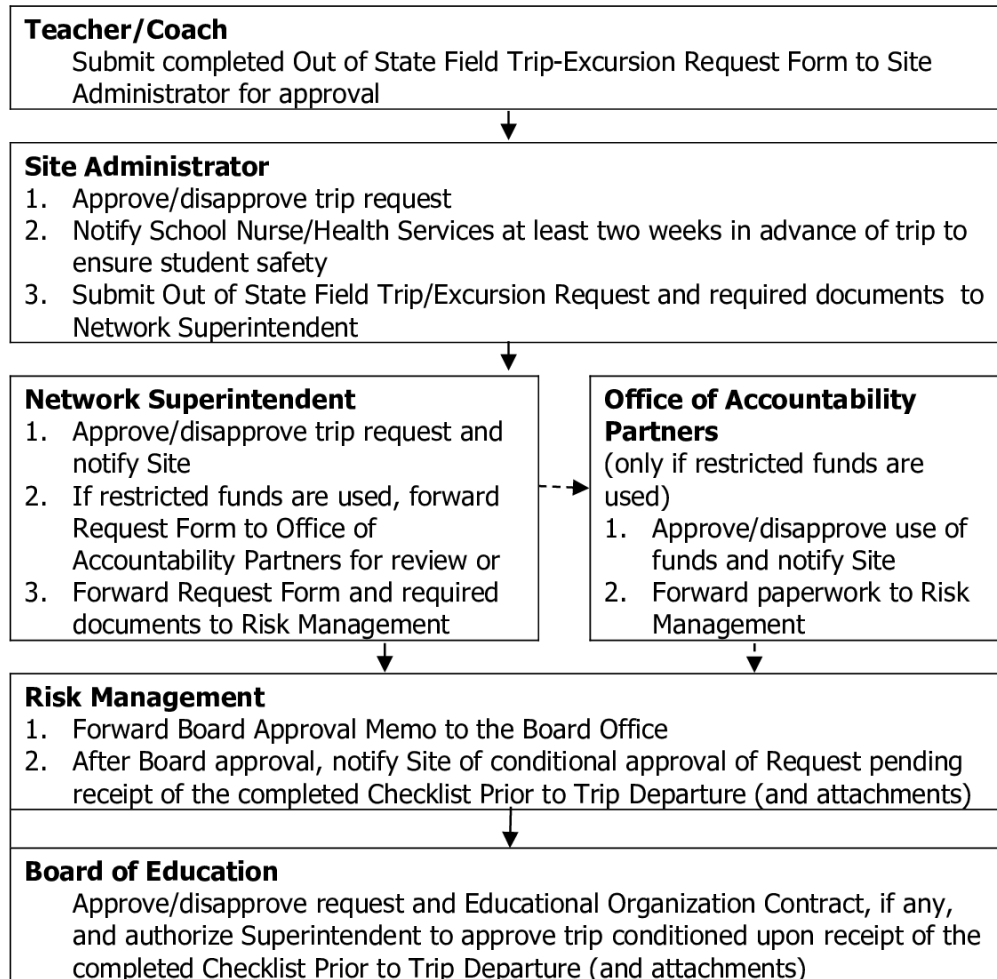
Kyla Johnson-Trammell
Secretary, Board of Education



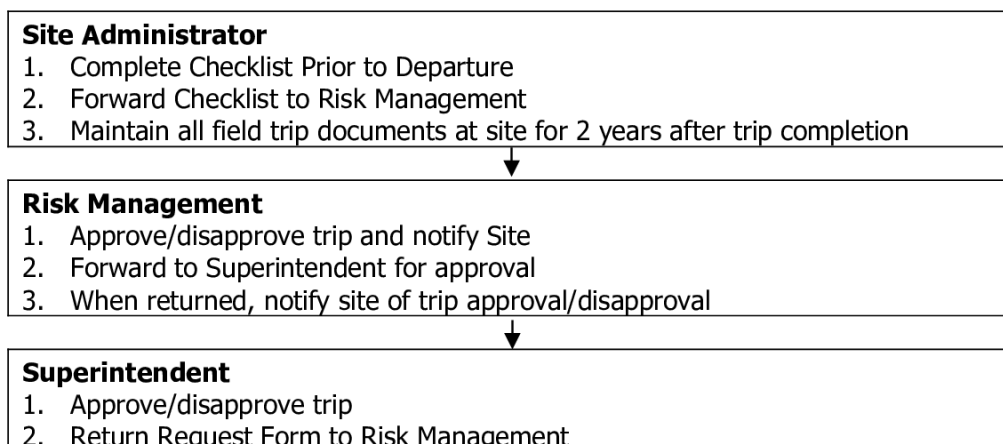
- Permission Slip
- Health Services Form
- Driver Declaration Form
- Certificate of Insurance
- Adult Participant Chaperone

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 or email 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	D Copy of program/vendor information describing vendor and scheduled activities D All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract D 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) D Board Approval Memo and Board Resolution
Required Documents for Trip Approval	D "Checklist Prior to Trip Departure" D List of students and adults attending trip D "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: oakland high -----

Site Number: 304 -----

Destination: <u>Tarkanian Classic in Las Vegas</u>
Address: <u>[REDACTED]</u>
Phone or Contact Info: <u>Orlando Watkins [REDACTED]</u>

Departure - Date: 12/17/2023 Time: [REDACTED] Place of Departure: [REDACTED]

Return - Date: 12/22/2023 Time: [REDACTED] Place of Return: [REDACTED]

Class(es)/Group Attending: Boys Basketball team -----

Grade(s): 10th-12th # of Students: 16 # of Adults: 4

Teacher Supervising Trip: Orlando Watkins -----

Emergency Contact# During Trip: [REDACTED] -----

Supervising Teacher's Email Address: orlando.watkins@ousd.org -----



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

Site: Oakland High School

Teacher Supervising Trip: _____

Destination: _____

Date of Departure: _____

<p>Describe itinerary and activities:</p> <p>(<input type="checkbox"/> Trip will include swim or water activities) No</p>	<p>Playing 4 games in Las Vegas against others from around the country.</p>
<p>Names of teachers and staff attending trip:</p>	<p>Teachers: Orlando Watkins, Jonas Perez</p> <p>Staff: Will Lew, Eric Van Laeken</p>
<p>Describe mode of transportation for each leg of the trip:</p>	<p>We fly to [REDACTED]</p>
<p>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:</p>	<p>Expose our kids to a different environment than Oakland and playing a different style of basketball</p>

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 \$ _____

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: _____

of buses ordered: _____ Size of bus ordered: _____ Wheelchair accessible needed? No

Cost of transportation: \$ _____ 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 #: _____

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	
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	<i>Pamela Moy</i>	Approved		11/17/2023
Network Superintendent <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		11/17/2023
Office of Accountability Partners (if restricted funds) <input type="checkbox"/> Compliant use of resources and in alignment with school site plan (SPSA)				
Risk Management <input type="checkbox"/> Business contracts, insurance, safety and policy compliance are sufficient <input type="checkbox"/> Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)	<i>Rebecca Littlejohn</i>	Approved		11/28/2023

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	<i>Pamela Moy</i>	Approved		11/17/2023
Risk Management) <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		11/28/2023
Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management	<i>Sondra Aguilera</i>	Approved		11/28/2023



Site: _____

Teacher Supervising Trip: _____

Destination: _____

Date of Departure: _____

CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE

(initial each item certifying completion)

psm "OUSD Student Out of State Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.

psm "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.

psm OUSD Fingerprint and TB risk assessment per OUSD AR 1240 have been obtained for all non-District employee chaperones.

psm No student has been prevented from making a trip due to lack of sufficient funds.

psm 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.)

psm 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: 11/29/2023

psm 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)

psm 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.

psm Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).

psm Sleeping arrangements and night supervision are safe and appropriate.

psm 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.

psm 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.

psm 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.

psm Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.

psm Site and trip leader has a list of students and adults attending trip.

psm Staff and students will wear masks while indoors (including transportation) during the trip.
IF MANDATED

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

DECLARATION OF DRIVER

Driver Name: William Lew

School or Center: Oakland High

Teacher: _____ School Year: 2023-2024

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 with policy limits of at least \$100,000 per individual and \$300,000 per occurrence for liability for bodily injury; and \$50,000 per occurrence for liability for property damage.

Policy No.: _____ 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	_____06 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.

10/24/2023 Date	William Lew 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.

10/24/2023 Date	William Lew Registered Owner Name	_____ Signature of Registered Owner (if different from driver)
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OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

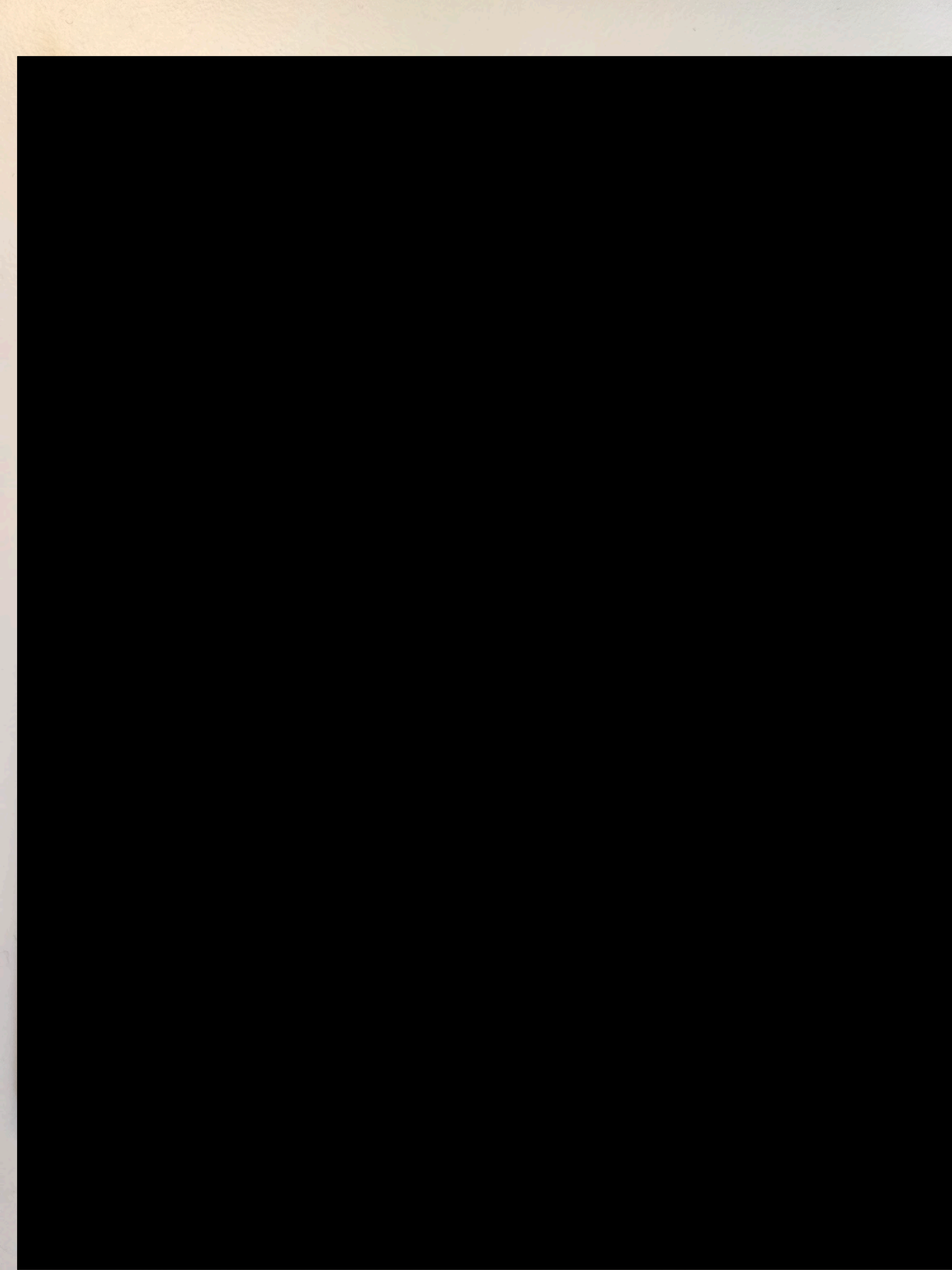
Attach a photocopy of driver's license and current insurance card or declarations page

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

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

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.



Fold here

Cut along edge



Allstate.



Please use the printed Insurance Cards below.



Please use the printed Insurance Cards below.

Allstate.



Please use the printed Insurance Cards below.



Please use the printed Insurance Cards below.

Allstate.



Please use the printed Insurance Cards below.



Please use the printed Insurance Cards below.

California Proof of Auto Insurance Card

Allstate.



This policy meets the requirements of the applicable California financial responsibility law(s).

POLICY NUMBER



This card must be carried in the vehicle at all times as evidence of insurance.

If you have an accident or loss:

- Get medical attention if needed.
- Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved, including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828), logon to allstate.com or contact your Allstate agent as soon as possible.





OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

DECLARATION OF DRIVER

Driver Name: ERIC VAN LAEKEN
School or Center: OAKLAND HIGH SCHOOL
Teacher:
School Year: 2023/2024

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

- 1. That the driver is at least 21 years of age and holds a current valid California driver's license.
2. That the driver has not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.
3. That the vehicle described below is insured by [redacted] Insurance Company with policy limits of at least \$100,000 per individual and \$300,000 per occurrence for liability for bodily injury; and \$50,000 per occurrence for liability for property damage.
Policy No.: [redacted] Policy expiration date: 1/22/24.
4. That Oakland Unified School District may confirm the above by telephone or written communication to the insurance agent listed below:

[redacted]

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.

[redacted]

Year Make Model Passenger Capacity Vehicle License No.

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

10/24/23 ERIC VAN LAEKEN Eric Van Laeken [redacted]
Date Driver Name Signature of Driver Driver's License No. Cell Phone No.

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

10/24/23 ERIC VAN LAEKEN
Date Registered Owner Name Signature of Registered Owner (if different from driver)

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

For Roadside Assistance: 800-531-8555

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

- usaa.com,
- USAA's Mobile App, or
- By calling 210-531-USAA (8722), our mobile phone shortcut number #8722 or 800-531-USAA.

California Evidence of Financial Responsibility

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

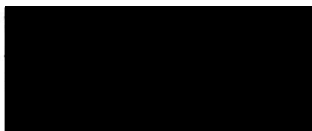
You may be required to produce your identification card at vehicle registration or inspection, when applying for a driver's license, following an accident, or upon a law enforcement officer's request.

FCA1 Rev. 6-13

50781-0513_02

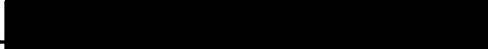
CALIFORNIA EVIDENCE OF FINANCIAL RESPONSIBILITY

Name and Address of Insured



ERIC VAN LAEKEN

Insurance Company



Policy Number



Effective Date



Expiration Date



Vehicle Make/Vehicle Identification Number



Year



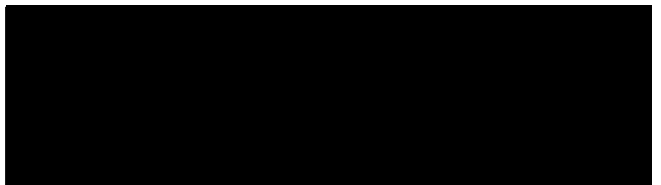
This policy provides at least the minimum amounts of liability insurance required by the CA VEH CODE SECTION 16056 for the specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

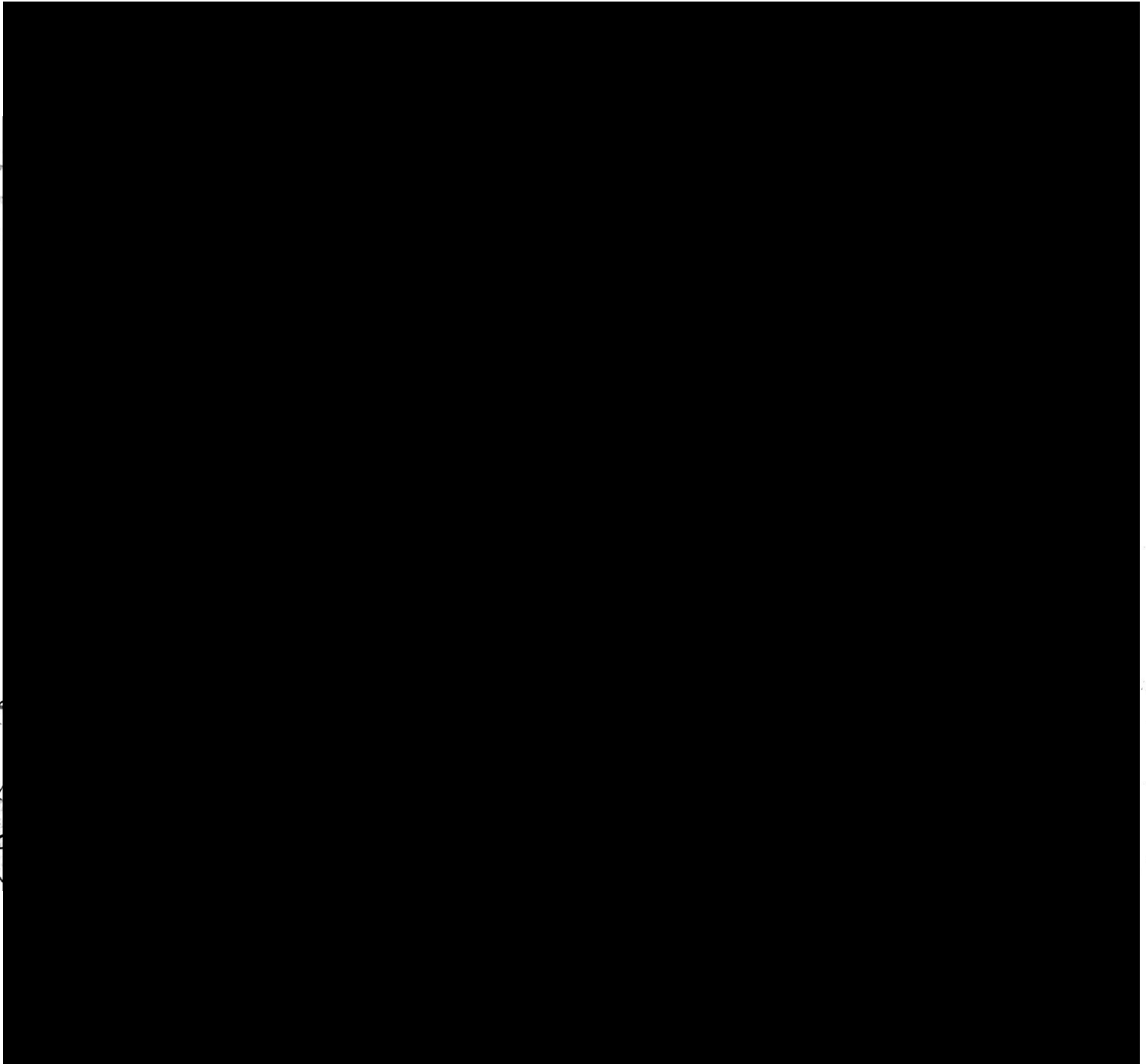
b a c k

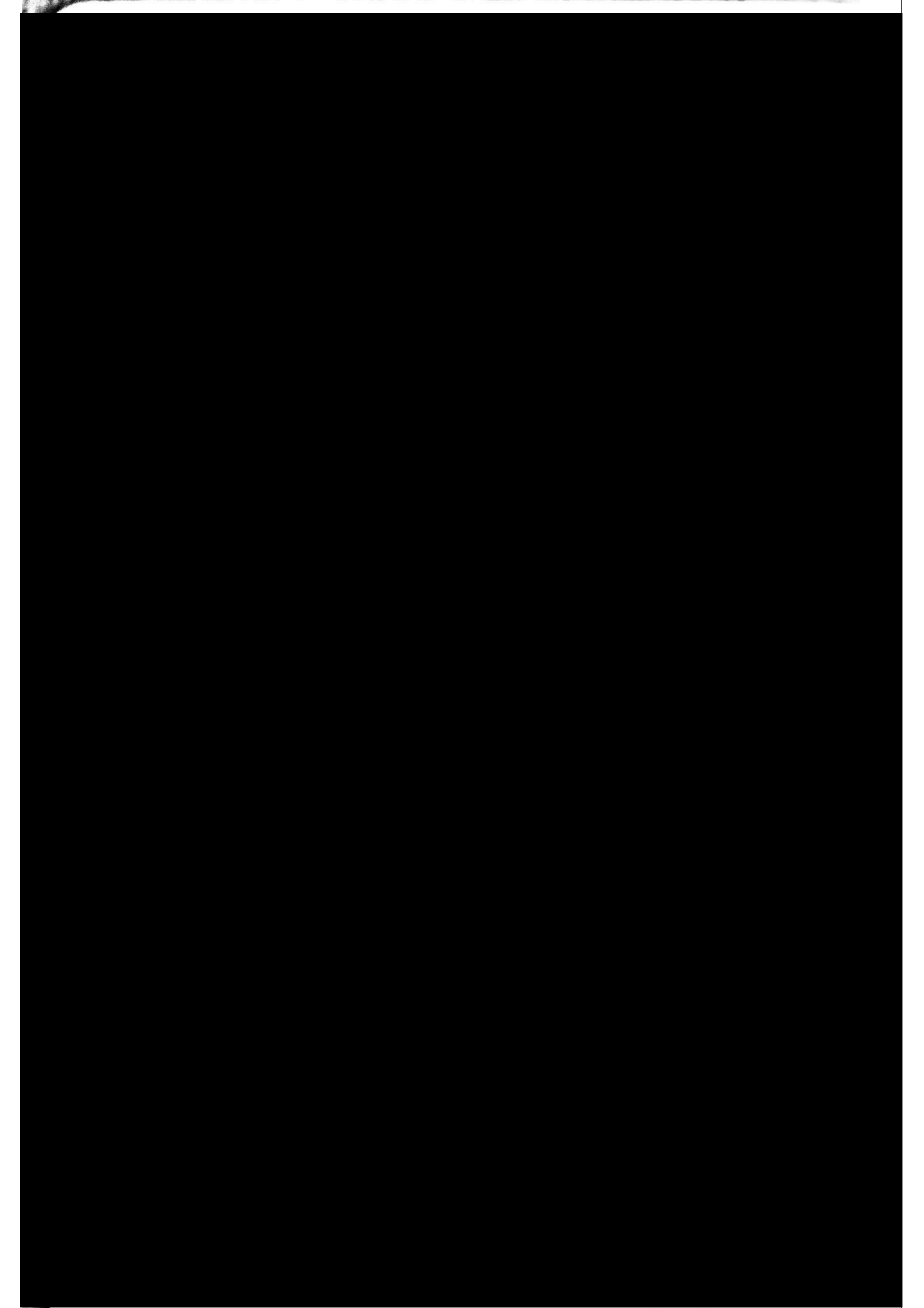
California Evidence of Financial Responsibility
Keep this card.

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

Additional copies available at usaa.com









DECLARATION OF DRIVER

Driver Name: Orlando Watkins
 School or Center: Oakland High
 Teacher: _____ School Year: 2023-2024

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

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

Elizabeth Drennan

 Telephone Number of Insurance Agent Address of Insurance Agent

- 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.
- That the driver will ensure that all passengers use safety belts or appropriate child car seat at all times.
- 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.

10/24/23 Orlando Watkins [Signature] _____
 Date Driver Name Signature of Driver Driver's License No. Cell Phone No.

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

 Date Registered Owner Name Signature of Registered Owner (if different from driver)

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