

Board Office Use: Legislative File Info.	
File ID Number	17-1293
Introduction Date	6-14-17
Enactment Number	17-0851
Enactment Date	6-14-17



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

Memo

To Board of Education
From Devin Dillon, Interim Superintendent
Meeting Date _____
Subject Approval of Request for Student Travel

Action Requested	Approval of Board Resolution authorizing student travel by school site <u>Ralph Bunche</u> to <u>Washington, DC</u> for the period of <u>June 11, 2017</u> through <u>June 13, 2017</u>
Itinerary and activities	June 11 Depart Oakland Airport and fly to Washington DC 7pm Group dinner for winning teams/teachers June 12- 10am take bus to Dept of Education 11am photos, lunch, cooking competition until 5pm Reception dinner to follow June 13- Visit capital still, take guided tour of the city by bus Depart in the evening back to Oakland
Educational Purpose of Trip	This is a cooking competition - 8 culinary students worked on menus with nutritional requirements. Competition was held April 12, 2017 and one team of 2 students won the trip to D.C. Students learned Nutrition cooking skills, time management, safety, sanitation process & procedures, team work, public speaking - students did interviews with tv, radio & newspaper
Teachers Attending Trip	<u>David Isenberg</u> & <u>Donnell Mayberry</u>
Site Administrator Affirms	<ul style="list-style-type: none"> • 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	Amount of District funds to be used for trip costs will be \$ <u>200.00</u> Funding source for the trip will be: <input type="checkbox"/> General Purpose <input type="checkbox"/> Restricted Funds <input type="checkbox"/> No District funds will be used Resource Code: _____

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**RESOLUTION
OF THE
BOARD OF EDUCATION
OF THE
OAKLAND UNIFIED SCHOOL DISTRICT**

Resolution No. 1617-0212

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 June 11, 2017 through June 13, 2017 to Washington, D C by airplane

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: Ralph Bunche
 Destination: Washington, D C.
 Departure Date: June 11, 2017 Return Date: June 13, 2017

Passed by the following vote:

AYES: Jody London, Aimee Eng, Jumoke Hinton Hodge, Roseann Torres, Shanthi Gonzales, Vice President
 Nina Senn, 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 Governing Board of the Oakland Unified School District at a Regular Meeting held June 14, 2017.

By: *Devin Dillon*
 Devin Dillon, Interim Superintendent
 Secretary, Governing Board



TO BE COMPLETED BY TEACHER

School or Center: Ralph Bunche

Destination: Washington, D.C.
Address: Church Hill Hotel 1914 Connecticut Av NW, Washington Dc. 20009

Departure - Date: June 11, 2017 Time: 10am Place of Departure: Oakland airport

Return - Date: June 13, 2017 Time: 9pm Place of Return: Oakland airport

Class/Group Attending: 2 student winners of culinary class

Name(s) of Classroom Teacher(s): David Gosenburg

Teacher Supervising Trip: David Gosenburg D. Mayberry

Emergency Contact # During Trip: _____

<p>The field trip will involve the following: (Describe activities and itinerary):</p> <p><input type="checkbox"/>Swim/water activities permission required)</p>	<p>Teachers & students will depart Oakland & fly to Washington, DC. Teachers & students will participate in a group dinner for the winning teams. (June 11) students & teachers will travel to Department of Education for photos, lunch, cooking competition until 5pm and attend dinner Reception (June 12) students & teacher will take a guided tour of the city, visit capital Hill and depart Washington DC back to Oakland (June 13)</p>
<p>Mode(s) of transportation:</p>	<p>Airplane & bus</p>
<p>Student needs to bring:</p>	<p>Blank pants Black shoes personal hygiene & toiletries additional clothing sweater/lite jacket tennis shoes/walking shoes</p>

Insurance Notice to Parents: OUSD provides limited accident insurance coverage for eligible student injuries occurring during field trips/school sponsored activities within the U.S. To make an insurance claim, obtain a claim form from the school principal. For information on accident insurance, contact OUSD Risk Manager Rebecca Cingolani at Rebecca.Cingolani@ousd.org.



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 on Date(s): June 11, 2017 to June 13, 2017
to: Washington, DC

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

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

Student Health Conditions

- Severe Allergy to: _____ 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

Medications needed during the school day: _____

Medications needed after school hours: _____

Special Instructions: _____

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

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

Swim/Water Activities Permission - If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these 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)

Parent or Guardian Signature _____ Print Name _____ Date _____

FOR HIGH SCHOOLS ONLY: With 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 has my permission to arrive at and/or leave the destination on his/her own: ___ arrive ___ leave

Parent or Guardian Signature _____ Print Name _____ Date _____

welcome to

CHURCHILL HOTEL NEAR EMBASSY ROW

the art of personalized service

A BOUTIQUE WASHINGTON, DC HOTEL NEAR EMBASSY ROW

The Churchill Hotel near Embassy Row is a historic landmark hotel near Dupont Circle. Originally built in 1906 as an upscale, Beaux-Arts building, The Churchill Hotel is an intimate and elegant boutique hotel that offers modern amenities while echoing its original historic charm. Relax in recently refreshed luxurious rooms and suites with beautiful décor and with views of our vibrant neighborhood. Enjoy classic American cuisine at Chartwell Grill and enjoy a cocktail at our Chartwell Lounge. Host a meeting in our stylish event space. Experience Washington DC annual festivals, such as National Cherry Blossom Festival, Passport DC, Citi Open and National Christmas Tree Lighting. Unwind after a day of business or sightseeing at our iconic Washington, DC hotel, where you'll experience timeless elegance. Business and leisure travelers appreciate our "Art of Personalized Service," which focuses on every detail during your stay.

*Affordable Comfort! Treat yourself to a lavish Suite,
exquisitely outfitted with the best Amenities*

CONTACT

Churchill Hotel Near Embassy Row
1914 Connecticut Ave NW, Washington, DC 20009
Reservations: **800-424-2464**
Phone: **202-797-2000**
Fax: **202-462-0944**
Email: reservations@thechurchill.com
<http://www.thechurchillhotel.com/>

RECEIVED 5/25/17
Submitted to board 5/31/17



OAKLAND UNIFIED SCHOOL DISTRICT
Community Schools, Thriving Students

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	<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 each driver of private or rental vehicle

TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center: Ralph Bunche Site Number: 309

Destination: Washington D.C.
 Address: Church Hill Hotel -- 1914 Connecticut Ave NW Washington DC 20009
 Phone or Contact Info: (202) 797-2000

Departure - Date: 6/11/17 Time: 10am Place of Departure: Oakland Airport

Return - Date: 6/13/17 Time: 9pm Place of Return: Oakland Airport

Class(es)/Group Attending: 2 students in culinary class

Grade(s): 11 # of Students: 2 # of Adults: 2

Teacher Supervising Trip: David Eisenberg

Emergency Contact # During Trip: (925) 457-4072

Supervising Teacher's Email Address: ~~David Eisenberg~~



Site: Ralph Bunche
 Teacher Supervising Trip: David Isenberg
 Destination: Washington, DC
 Date of Departure: June 11, 2017

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>[Signature]</i>	✓		5/19/2017
Network Superintendent <input checked="" type="checkbox"/> Trip purpose, transportation, and funding are appropriate <input checked="" type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips	<i>[Signature]</i>	✓		5/18/2017
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>[Signature]</i>	✓		5/25/17

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>[Signature]</i>	✓		5/19/2017
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>[Signature]</i>	✓		5/25/17
Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management	<i>[Signature]</i>	✓		5/25/17

out of state



Site: Ralph Bunche
 Teacher Supervising Trip: David Isenberg
 Destination: Washington, DC
 Date of Departure: June 11, 2017

Describe itinerary and activities: <input type="checkbox"/> Trip will include swim or water activities)	June 11 - Depart Oakland airport & fly to Washington DC 7pm group dinner for working team/teachers June 12 - 10am take bus to Dept of Education 11am Photos, lunch, cooking competition until 5pm Reception, Dinner to follow June 13 - Visit Capitol Hill, tour the city by bus Depart in the evening back to Oakland
Names of teachers and staff attending trip:	Teachers: <u>David Isenberg & Jernell Mayberry</u> Staff: <u>Students: Jimmy Salithan and Tanaka Poindexter</u>
Describe mode of transportation for each leg of the trip:	Parents will drop students off at airport Teachers & students will take airplane to Washington DC upon return Bus to events & sight seeing while in Washington DC parents will pickup students from airport Transportation provided by: <u>Cooking Up Change</u>
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 is a cooking competition - By evaluating students worked on menus with nutritional requirements. Competition was held on April 12 and one team of 2 students won the trip to DC Students learned nutritional cooking skills, timing, safety sanitation processes & procedures, team work, knife skills, public speaking - students did interviews with H. radio and WSP.

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 #: _____

Out of State



OAKLAND UNIFIED SCHOOL DISTRICT
Community Schools, Thriving Students

Site: Ralph Bunche
 Teacher Supervising Trip: David Isenberg
 Destination: Washington DC
 Date of Departure: July 11, 2017

PROGRAM/ADMISSION COSTS

Total Cost of Program/Admission: \$ _____ Source: General Funds Restricted No District Funds
 Cost per student: \$ _____ Cost per adult: \$ _____

Org. Key	Object #	Resource #	Amount	Req #	PO #
	5829				
	5829				

TRANSPORTATION/CHARTER BUSES

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? _____

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

Org. Key	Object #	Resource #	Amount	Req #	PO #
	5826				
	5826				

HEALTH CONDITIONS/MEDICATION

Will there be any students participating in the field trip with the following conditions? Yes: 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? Yes: 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? 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.)

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.

out of state



Site: Ralph Bunche
 Teacher Supervising Trip: David Isenberg
 Destination: Washington, DC
 Date of Departure: June 11, 2017

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

(Handwritten initials in a circle)

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

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST

(Handwritten signature)

Out of state



HEALTH SERVICES NOTIFICATION FORM

TRIP INFORMATION:

School or Center: Ralph Bunche Site Number: 309
 Destination: Washington, D.C.
 Departure - Date: June 11, 2017 Time: 10am
 Return - Date: June 13, 2017 Time: 9pm
 Class(es)/Group Attending: Culinary students
 Grade(s): 11 # of Students: 2 # of Adults: 2
 Teacher Supervising Trip: David Benberg
 Supervising Teacher's Email Address: [REDACTED]

HEALTH CONDITIONS/MEDICATION:

Will there be any students participating in the field trip with the following conditions? Yes: No:

<input type="checkbox"/> Severe Allergy	<input type="checkbox"/> Student has an Epi-pen at school	<input type="checkbox"/> Student has medication at school
<input type="checkbox"/> Asthma	<input type="checkbox"/> Student has an inhaler at school	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Student has medication at school	
<input type="checkbox"/> Seizures	<input type="checkbox"/> Student has medication at school	
<input type="checkbox"/> Sickle Cell Anemia	<input type="checkbox"/> Student has medication at school	
<input type="checkbox"/> Other condition(s): _____		

Will any students need medications during the trip? Yes: No:

If the answer to any of these questions is yes, please fax this form to 879-4605.

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by student's parent/guardian and doctor. See your School Nurse/Health Services for more information.