

<b>Board Office Use: Legislative File Info.</b>	
File ID Number	15-0327
Introduction Date	3-11-15
Enactment Number	15-0327
Enactment Date	3/11/15 <i>AK</i>



OAKLAND UNIFIED  
SCHOOL DISTRICT

Community Schools, Thriving Students

**Memo**

**To** Board of Education

**From** To: Board of Education  
From: Antwan Wilson, Superintendent

**Subject:** Approval of Request for Student Travel

**Board Meeting Date**

3/11/15

**Subject** Approval of Request for Student Travel

Action Requested	<input checked="" type="checkbox"/> Approval of request for student travel of <u>Skyline High School</u> to <u>University of Kentucky</u> , for the period of <u>April 23, 2015</u> through <u>April 27, 2015</u> . Grade(s): <u>10 &amp; 11</u> # of Students: <u>2</u> # of Adults: <u>2</u> <input type="checkbox"/> Ratification of Educational Organization Contract with _____
Educational Purpose of Trip	Students will be competing in the Nationals Debate Competition "Tournament of Champions." The trip is sponsored by BAUDL (Bay Area Urban Debate League).
Itinerary and activities	See attached tournament schedule.
Teachers and staff Attending Trip	Mr. Darrell Kinney Mr. Toni Nielson
Site Administrator Affirms	<input checked="" type="checkbox"/> Parental permission forms will be on file for all students participating and school has emergency communication protocol <input checked="" type="checkbox"/> At least one OUSD employee accompanying the students is certificated <input checked="" type="checkbox"/> Non-OUSD chaperones, if any, will meet criminal background check requirements <input checked="" type="checkbox"/> There will be sufficient and appropriate chaperones for this field trip <input checked="" type="checkbox"/> School will address financial or accessibility issues that might prevent students from participating
Recommendation	<input checked="" type="checkbox"/> Approval of request for student travel of <u>Skyline High School</u> to <u>University of Kentucky</u> , for the period of <u>April 23, 2015</u> through <u>April 27, 2015</u> . Grade(s): <u>10 &amp; 11</u> # of Students: <u>2</u> # of Adults: <u>2</u> <input type="checkbox"/> Ratification of Educational Organization Contract with _____
Fiscal Impact	Amount of District funds to be used for trip costs will be \$ <u>NA</u> Funding source for the trip will be: <input type="checkbox"/> General funds <input type="checkbox"/> Restricted funds <input checked="" type="checkbox"/> No District funds will be used

**RESOLUTION  
OF THE  
BOARD OF EDUCATION  
OF THE  
OAKLAND UNIFIED SCHOOL DISTRICT  
Resolution No. 1415-0168**

**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 University of Kentucky on April 23, 2015 through April 27, 2015 by Skyline High School students.

NOW, THEREFORE, BE IT RESOLVED, the Board of Education of the Oakland Unified School District does hereby approve:

Request for student travel for 2 students and 2 adults from Skyline High School to travel to University of Kentucky to compete in the Nationals Debate Competition "Tournament of Champions," for the period of April 23, 2015 through April 27, 2015, at no cost to the District.

Passed by the following vote:

AYES: Roseann Torres, Aimee Eng, Nina Senn, Shanthi Gonzales, Jumoke Hinton Hodge, Vice President Jody London, President James Harris

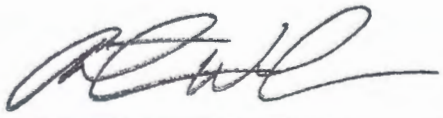
NAYS: None

ABSTAINED: None

ABSENT: None

I hereby certify that the foregoing is a full, true and correct copy of a Resolution adopted by the Board of Education of the Oakland Unified School District at a Regular Meeting held March 11, 2015

File ID Number: 15-0327  
Introduction Date: 3/11/15  
Enactment Number: 15-0307  
Enactment Date: 3/11/15  
By: o.d.

By:   
Antwan Wilson  
Secretary, Board of Education



RECEIVED  
4/23/15



OAKLAND UNIFIED  
SCHOOL DISTRICT

OUT OF STATE  
FIELD TRIP/EXCURSION REQUEST

Basic Directions

1. Requests must be submitted to Network Executive Officer no later than 120 days prior to departure
2. Board approval is required for all out of state trips.
3. Use of Restricted Funds requires additional approval by State & Federal Compliance
4. OUSD Fingerprint and TB clearance requirements per OUSD AR 1240 has been obtained for all non-District employee chaperones. (Arrange through <https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/> or email [volunteers@ousd.k12.ca.us](mailto:volunteers@ousd.k12.ca.us). Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years and obtain TB clearance once every 4 years.)
5. Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153
6. Check the Pre-Approved Vendor List for contract and insurance requirements

Required Documents for Request Approval	<input type="checkbox"/> Copy of program/vendor information describing vendor and scheduled activities <input type="checkbox"/> All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract <input type="checkbox"/> Certificate of insurance from all private vendors: Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn) Program (attach copy unless publicly owned and operated) <input type="checkbox"/> Board Approval Memo
Required Documents for Trip Approval	<input type="checkbox"/> "Checklist Prior to Trip Departure" <input type="checkbox"/> List of students and adults attending trip <input type="checkbox"/> "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle

TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center: Skyline Site Number: 306

Destination: University of Kentucky  
 Address: 225 Funkhouser Bldg. Lexington, KY 40526 Phone: \_\_\_\_\_

Date of Departure: 4/23/15 Time of Departure: 6 am Place of Departure: Skyline

Date of Return: 4/27/15 Time of Return: 10 pm Place of Return: Skyline

Class(es) or Group Attending: Skyline Tournament of Champions Qualifiers

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

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

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

Describe itinerary and activities:  ( <input type="checkbox"/> Trip will include swim or water activities)	<u>National Debate Competition</u>
------------------------------------------------------------------------------------------------------------------	------------------------------------



Names of Teachers and staff attending trip:	Teachers: Darrell Kinney Staff: Toni Nielson
Describe mode of transportation for each leg of the trip:	Flight
Describe how this trip aligns with grade level standards, supports the teaching and learning and/or parent ed/training component of site plan, including related activities prior to trip and student follow-up activities that will occur after the field trip/excursion:	Critical thinking, argumentation, leadership

**TRIP COSTS**

Funding source for the trip will be:  General Funds  Restricted funds  No District funds will be used

**TRANSPORTATION**

# Funded by BAUDL

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: Skyline  
 Teacher Supervising Trip: Darrell Kinney  
 Destination: University of Kentucky  
 Trip Departure Date: 4/23/15

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
<b>Site Administrator</b> <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 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		✓		1/22/15
<b>Network Executive Officer</b> <input type="checkbox"/> Trip purpose, transportation, and funding are appropriate <input type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips		✓		1/23/15
<b>State/Federal Compliance (if restricted funds)</b> <input type="checkbox"/> Compliant use of resources and in alignment with school site plan (SPSA)				
<b>Risk Management</b> <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)		✓		1/26/2015

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
<b>Site Administrator</b> <input checked="" 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		✓		1/22/15
<b>Risk Management</b> <input checked="" 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		✓		1/26/2015
<b>Superintendent</b> <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management		✓		





OUT OF STATE FIELD TRIP/EXCURSION REQUEST

Site: 306
Teacher Supervising Trip: D. Kinney
Destination: Univ. of Kentucky
Trip Departure Date: 4/23 - 4/27

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

- VT "OUSD Student Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
VT "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.
VT OUSD Fingerprint and TB clearance requirements per OUSD AR 1240 have been obtained for all non-District employee chaperones.
VT No student has been prevented from making a trip due to lack of sufficient funds.
VT No District funds will be used to pay for "pupil expenses" on out of state trips unless waiver of Education Code 35330(b)(3) is granted by OUSD Board of Education and the State Board of Education.
VT Meeting held for staff, noncertificated adults, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions as required by OUSD AR 6153. Meeting date: 3/26/15
VT Health Conditions/Medication: Trip participant health information has been gathered and reviewed and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (e.g., food allergies).
VA Supervision is by certificated personnel and assisted by other school employees, parent(s)/guardian(s), or other authorized chaperones who are at least 21 years old.
VT Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
VT Sleeping arrangements and night supervision are safe and appropriate.
VT Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones).
VT/VA 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.
VA 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.
n/c Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
VT Confirm all student participants on higher risk activities (e.g. swimming, snow trips, horseback riding, sailing, rafting, etc) are covered by medical or accident insurance as required by AR 6153.
VT Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP DESTINATION OUTSIDE OF CALIFORNIA (return completed form to School)

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 Leonard Irving - Thomas (Name of Student - please print)

to participate in a field trip to: University of Kentucky Date(s): 4/23/15 - 4/25/15

Emergency Contact Number(s) for Parent/Guardian: 1. 510 508 5688 2. 510 5018394 3. 510 568 0008

Alternate Emergency Contact Name: Adam Scott Phone Number(s): 510 938 3339

Student's Critical Medical Needs/Medications/Allergies/Conditions: sleep

Health Insurance Plan Name: Healthnet of CA Subscriber/Policy No. R02839225

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 [checked] No

My child's swimming ability is (check one): Beginner Intermediate [checked] 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: January 13, 2015 Parent or Guardian Signature: [Signature]

Print Name: SAN IRVING

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.

Lexington

1 Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at https://studentinsuranceusa.com/ (click on the link to K-12 Plans).





STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP

DESTINATION ~~WITHIN~~ CALIFORNIA (return completed form to School)

OUTSIDE

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 CHRISTINE HARRIS (Name of Student - please print)

to participate in a field trip on Date(s): 4/23/15 to 4/27/15

to: the Tournament of Champions at 225 Funkhouser Bldg. Lexington, KY

Emergency Number(s) for Parent/Guardian: 1. 510-599-5441 2. 925-481-4771 3. \_\_\_\_\_

Alternate Emergency Contact Name: DOANH LAI Phone Number(s): 510-356-3840

Student Health Conditions

- Severe Allergy to: N/A 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): N/A Student has medication at school

Medications needed during the school day: N/A

Medications needed after school hours: N/A

Special Instructions: N/A

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: KAISER Subscriber/Policy No. 9892012

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: [checked] No: [ ]

My child's swimming ability is (check one): Beginner [ ] Intermediate [checked] 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.

Date: 01-09-15 Parent or Guardian Signature: \_\_\_\_\_

Print Name: my lai

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

CHAPERONE AGREEMENT: If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

1 Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at https://studentinsuranceusa.com/ (click on the link to K-12 Plans).

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



# Tournament Of Champions Trip Itinerary

\*Tentative and subject to change

## Thursday, April 23rd, 2014

6:00 am Departure from SFO to Louisville, Kentucky.  
5:00 pm Arrival & Check-in at the tournament hotel

## Friday, April 24<sup>th</sup>, 2014

7:00-9:00 pm Registration- Mason Headley Room-Campbell House  
6:00pm-12:00 am Reception for Coaches and Judges

## Sa, April 25<sup>th</sup>

7:00 am Arrive at the tournament  
8:30 am Debate Round 1  
11:00 am Debate Round 2  
1:00-2:00 pm Lunch provided by the tournament  
2:30 pm Debate Round 3  
5:30 pm Debate Round 4  
8:00 pm- 12:00 am Reception for Coaches and Judges

## Sunday, April 26<sup>th</sup>

7:00 am Arrive at the tournament  
8:30 am Debate Round 5  
11:00am-12:00pm Lunch provided by the tournament  
12:30 pm Debate Round 6  
3:30 pm Debate Round 7  
6:30 pm Debate Run-off Round if necessary  
8:00 pm Reception for Coaches and Judges

## Monday, April 27<sup>th</sup>

8:30 am Awards Ceremony and Coffee, Grand Ballroom, Campbell House  
11:00am or ASAP Octafinal Round (time tentative)  
2:30 pm Quarterfinals (time tentative)  
5:30 pm Semifinals (time tentative)  
8:30 pm Departure for SFO

**Bay Area Urban Debate Commission Parent Information Meeting**  
**5pm-7pm Thursday, March 26, 2015**  
**287 17<sup>th</sup> Street # 201 Oakland, CA 94612**

AGENDA

1. Welcome and Introductions
2. Overview of the Tournament of Champions
3. Trip Logistics
4. Trip Expectations
5. Questions





RISK MANAGEMENT DEPARTMENT

Certificate of Insurance Coverage Request Form

Request Date: 1/23/15	Site Name: Skyline High School	
Site Contact Person: Darrell Kinney	Telephone: 510-482-7109	Fax: 510-482-7296
Site Person Email: darrell.kinney@skylinehs.org / dkinneysf@gmail.com		
Event Location Name: Univ. of Kentucky		
Address: 225 Funkhouser Bldg.	City/St/Zip Code: Lexington, KY 40506	
Event Contact Person Information Name:	Telephone:	Fax:
Event Date and Time: 4/23/15 - 4/27/15		
Brief Description of the Event: Skyline's attendance for National Debate for Nationals Champions Qualifiers		
Facility Insurance Requirements: (Please attach the written requirement provided by the Event Facility)		

Email or Fax Request (not less than 15 calendar days prior to the event) to:

Risk Management Department  
Attn: Cynthia Grice  
Email: [cynthia.grice@ousd.k12.ca.us](mailto:cynthia.grice@ousd.k12.ca.us)