

Board Office Use: Legislative File Info.	
File ID Number	14-0546
Introduction Date	4-9-14
Enactment Number	14-0577
Enactment Date	4-9-14



OAKLAND UNIFIED  
SCHOOL DISTRICT

Community Schools, Thriving Students

# Memo

To Board of Education

From Dr. Gary Yee, Acting Superintendent and Secretary, Board of Education  
By: Maria Santos, Deputy Superintendent, Instruction, Leadership & Equity-in-Action  
Vernon Hal, Deputy Superintendent, Business & Operations

Board Meeting Date 4-9-14

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>Washington D.C.</u> for the period of <u>April 14, 2014</u> through <u>April 17, 2014</u> . Grade(s): <u>8<sup>th</sup></u> # of Students: <u>6</u> # of Adults: <u>1</u>
Educational Purpose of Trip	This Washington D.C. study tour will provide students with hands on learning of America History and align with state standard for 8 <sup>th</sup> grade history requirements. Students will record observations and analysis of primary source in a Discovery Journal meeting Common Core State Standards for English Language Arts and Literacy in History/Social Studies.
Itinerary and activities	In Washington D.C., students will engage in seminars on the workings of Congress, the Presidency, and the Supreme Court. They will debate current issues facing Government and society, and they will visit historic monuments.
Teachers & 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 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>Washington D.C.</u> for the period of <u>April 14, 2014</u> through <u>April 17, 2014</u> . Grade(s): <u>8</u> # of Students: <u>6</u> # of Adults: <u>1</u>
Fiscal Impact	Amount of District funds to be used for trip costs will be \$ <u>0</u> <p>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</p>

**RESOLUTION  
OF THE  
BOARD OF EDUCATION  
OF THE  
OAKLAND UNIFIED SCHOOL DISTRICT  
Resolution No. 1314-1089**

**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, and

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 Washington D.C., for the period of April 14, 2014 through April 17, 2014 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 for 6 students and 1 adults from Bret Harte Middle School to travel to Washington D.C. to engage in seminars called the Washington D.C. Study Tour on the workings of Congress, the Presidency, and the Supreme Court; students will debate current issues facing the government and society, and visit historical monuments for the period of April 14, 2014 through April 17, 2014, at no cost to the District.

Passed by the following vote:

AYES: Jody London, Anne Washington, Roseann Torres, Christopher Dobbins,  
Vice President James Harris and President David Kakishiba

NAYS: None

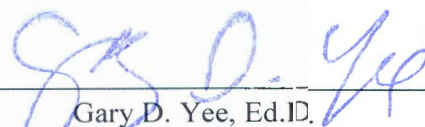
ABSTAINED: None

ABSENT: Jumoke Hinton Hodge

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 9, 2014.

File ID Number: 14-0546  
Introduction Date: 4-9-13  
Enactment Number: 14-0577  
Enactment Date: 4-9-14  
By:

By:

  
\_\_\_\_\_  
Gary D. Yee, Ed.D.  
Secretary, Board of Education



RECEIVED  
3/6/14



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 <b>120 days</b> 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 <a href="https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/">https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/</a> or email <a href="mailto:volunteers@ousd.k12.ca.us">volunteers@ousd.k12.ca.us</a> . 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: <u>Washington D.C.</u>
Address: <u>Worldstrides Tours 218 West Water Street, Suite 400 Charlottesville, VA</u> Phone: <u>1-800-999-7676</u>

Date of Departure: 4/14/2014 Time of Departure: 6:30 am Place of Departure: San Francisco Airport

Date of Return: 4/17/2014 Time of Return: 8:47 Place of Return: San Francisco Airport

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

Grade(s): 8th # of Students: 6 # 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 type="checkbox"/> Trip will include swim or water activities)	<b>"SEE ATTACHED ITINERARY"</b>
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OAKLAND UNIFIED  
SCHOOL DISTRICT

**OUT OF STATE  
FIELD TRIP/EXCURSION REQUEST**

Site: Bret Harte Middle School

Teacher Supervising Trip: Keith D. Brown

Destination: Washington D.C.

Trip Departure Date: 4/14/2014

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 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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	2/24/14
<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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/4/14
<b>State/Federal Compliance</b> (if restricted funds) <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)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/7/2014

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
<b>Site Administrator</b> <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				
<b>Risk Management</b> <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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/7/2014
<b>Superintendent</b> <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management		<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/11/14





**OAKLAND UNIFIED  
SCHOOL DISTRICT**

**OUT OF STATE  
FIELD TRIP/EXCURSION REQUEST**

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 Delta 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

Bret Hantz M.S.



OAKLAND UNIFIED  
SCHOOL DISTRICT

## OUT OF STATE FIELD TRIP/EXCURSION REQUEST

For: San Juan Middle School  
Teacher: Guadalupe J. B. Keith D. Brown  
Destination: Narragansett, RI  
Trip Departure Date: 3/18/14

### CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE

Initial each item denoting completion:

- ☒ OUSD Board of Education Field Trip/Excursion Permission Slip has been signed by parent(s) or guardian(s) of all student participants.
- ☒ Adult Participant Field Trip/Excursion Chaperone Agreement signed by all non-USD employee chaperones.
- ☒ OUSD Insurance and TB clearance requirements per OUSD AR 1240 have been obtained for all non-USD employee chaperones.
- ☒ No student has been released from taking a trip due to lack of sufficient funds.
- ☒ No student funds will be used to pay for trip expenses, on out of state trips unless waiver of Education Code 33036 is granted by OUSD Board of Education and the State Board of Education. Trip expenses include meals, snacks, lodging, etc. District funds may be used to pay transportation for individualized educational program costs.
- ☒ Meeting held with adult participant(s), parent(s) or guardian(s) and students in advance of trip to discuss trip and safety related information. Literary and questions as required by OUSD AR 1240.
- ☒ Meeting date: 3/18/14
- ☒ Health: Pre-trip health information has been gathered and reviewed and any needed revision to intervention plan made, including making sure that chaperones understand relevant information (e.g., food allergies). A plan has been developed to collect, secure, and dispense prescription medications from their original containers and consistent with physician's instructions. (see OUSD AR 1241.2)
- ☒ Supervision: Fully certificated personnel and assisted by other school employees, parent(s) or guardian(s), or other adults (chaperones) who are at least 21 years old. Site Administrator and teacher/lead trip staff are satisfied chaperones are willing and able to perform required duties, including understanding and implementing procedures for providing health information for students in their group and responding effectively in the event of an emergency.
- ☒ Adult to student ratio is at least 10:1 as required by OUSD Board of Education for all activities.
- ☒ Barring arrangements and high supervision are safe and appropriate.
- ☒ Safety requirements have been met, e.g., first aid kit, emergency contact and health info information for chaperones, etc. (see AR 1240.2). At least one adult has current First Aid/CPR training.
- ☒ Location: If off district grounds out of Oakland, arrangements have been made for use of an additional vehicle in event of illness or emergency and all students received instruction in safe conduct on bus or other transport.
- ☒ Driver: Completion of Driver Form completed and signed by driver and registered owner of any private vehicle used to transport group of children or insurance and California driver's license are on file and secured at school and the vehicle may be used for multiple trips or for entire school year as long as new and proof on file is obtained. This requirement does not apply to licensed bus companies or the District's approved bus lot or for public transportation entities, such as WMTRAK.
- ☒ Other Activities: OUSD Procedures for Field Trips including Swim or Water Activities have been met.
- ☒ Caution: All student participants on higher risk activities (e.g., swimming, snow sports, horseback riding, sailing, etc.) are accompanied by medical or accident insurance as required by AR 1240. Do not include students without insurance; however, contact Risk Management for instructions.
- ☒ Release: Release of all students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST

Approved: Tracy A. Brown, Superintendent

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Legal (Rev. 2/2011)

Site to keep all field trip records (permission forms, declaration of drivers, etc.) for 2 school years following trip completion.



OAKLAND UNIFIED  
SCHOOL DISTRICT

**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: Washington D.C. Worldstrides Tours 218 West Water Street Suite 400 Charlottesville, VA 22902

Date of Departure: 4/14/2014 Time of Departure: 6:30 am Place of Departure: San Francisco Airport

Date of Return: 4/17/2014 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

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





OAKLAND UNIFIED  
SCHOOL DISTRICT

**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: Washington D.C. Worldstrides Tours 218 West Water Street, Suite 400 Charlottesville, VA 22904

Date of Departure: 4/14/2014 Time of Departure: 6:30 am Place of Departure: San Francisco Airport

Date of Return: 4/17/2014 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

<b>The field trip will involve the following:</b> (Describe activities and itinerary):  <input type="checkbox"/> Swim permission required below.)	"SEE ATTACHED ITINERARY"
<b>Mode(s) of transportation:</b>	Parents will provide transportation for Student to and from San Francisco Airport. Students will meet Teacher at Delta Airlines ticket counter. See Itinerary for additional information.
<b>Student needs to bring:</b>	Change of Uniform clothes for five days, comfortable walking shoes and spending money for souvenirs





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 \_\_\_\_\_  
(Name of Student – please print)

to participate in a field trip to: \_\_\_\_\_ Washington D.C. \_\_\_\_\_ Date(s): 4/14/2014 - 4/17/2014

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 Name<sup>1</sup>: \_\_\_\_\_ 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.

<sup>1</sup> 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).



OAKLAND UNIFIED  
SCHOOL DISTRICT

**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.

**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.

**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 insurance card or declarations page**



OAKLAND UNIFIED  
SCHOOL DISTRICT

**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  
(Name of Adult)  
participate in the field trip or excursion on 4/14/2014 through 4/17/2014 to  
Washington D.C.  
(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.<sup>1</sup>

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: \_\_\_\_\_

<sup>1</sup> Fingerprinting can be arranged through <https://www.beamentor.org/Linkpages/mentor.asp/SpecialProjects/OUSD>. For questions, email [volunteers@ousd.k12.ca.us](mailto:volunteers@ousd.k12.ca.us).



**Flight Information (DRAFT)**

Duquoin Middle School 13760-10-L JRH  
89196 HD  
Lea Anne Templeton  
[11S+6A+1TC=18]  
INBOUND-04/14  
WN4930 STL-BWI 05:50A-08:50A (20)  
RETURN-04/17  
WN318 BWI-STL 09:40P-10:50P (20)  
Charlotte Academy 154403-3-L NWE  
97976 HD  
Sabrina Staley [9S+1A+1TC=11]  
INBOUND-04/14  
UA424 TPA-IAD 09:15A-11:26A (11)  
RETURN-04/17  
UA360 IAD-TPA 05:35P-07:56P (11)  
Bret Harte Middle School 40468-6-L TUN  
98501 HD  
Keith Brown [5S+0A+1TC=6]  
INBOUND-04/14  
DL1887 SFO-MSP 06:30A-12:06P (6)  
DL2449 MSP-BWI 01:00P-04:27P (6)  
RETURN-04/17  
UA1536 IAD-SFO 05:41P-08:47P (6)













**Sightseeing Information (DRAFT)**













Bus Company 1/47 pax Conf#:  
1 American Bus Line-  
04/14,15,16,17  
Requested Driver: Nathan Hill  
Hourly Vehicle:  
Hourly Vehicle:  
Course Leaders  
WSG Oliver Cunningham  
04/14,15,16,17  
Total Count: 25S + 7A + 3TC = 35  
PRT: 02/19/14

**(DRAFT)Monday, April 14, 2014**






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.

8:50A	✈	Duquoin Middle School (20) INB-BWI 8:50A
9:00A	🚌	Coach REPORT to Baltimore Washington International Airport (Duquoin Middle School)
10:30A	👥	MEET Course Leader at Woodley Park/National Zoo Metro stop (Duquoin Middle School)
10:45A	🚌	Coach LEAVE Duquoin Middle School and Course Leader at the National Zoo; PROCEED to Dulles Airport for Charlotte Academy
11:26A	✈	National Zoo (Duquoin Middle School) Charlotte Academy (11) INB-IAD 11:26A
11:45A	🍷	OPEN- \$10.00 Lunch Allotment at Airport - Duquoin will use allotment to purchase lunch at the National Zoo(ALLOT)
1:00P	🚌	Coach REPORT to Dulles Airport (Charlotte Academy)
4:27P	🚌	Coach with Charlotte Academy PICK UP Duquoin Middle School and Course Leader at National Zoo
		Brief overview of City (Duquoin Middle School - Charlotte Academy)
		National Archives (Duquoin Middle School - Charlotte Academy)
		World War II Memorial (Duquoin Middle School - Charlotte Academy)
	✈	Bret Harte Middle School (6) INB-BWI 4:27P
	🍷	OPEN- \$10.00 Dinner Allotment at Airport - Group should take lunch to go and eat enroute to the September 11th Pentagon Memorial. Please remind all students to remove trash from van.(ALLOT) (Bret Harte Middle School)
		Iwo Jima Marine Memorial (Duquoin Middle School - Charlotte Academy)
5:00P	( )	Van REPORT to Baltimore Washington International Airport (Bret Harte Middle School)
		BAGS ON VAN (BOV/HRLYVAN) Bret Harte Middle School
5:30P	🍷	Champp Pentagon Row (Pre-order required) - 1201 S Joyce Street, Arlington, VA 22202(703) 414-3601 (Duquoin Middle School - Charlotte Academy)
6:45P	( )	Coach DROP group at the September 11th Pentagon Memorial near the American Bus Line Coach- Groups

		Meet (Bret Harte Middle School)
		September 11th Pentagon Memorial
		US Air Force Memorial
8:30P		Course Leader DISMISSED
9:00P		Coach DROP group at hotel for check-in
<b>(DRAFT)Tuesday, April 15, 2014</b>		
7:00A		Hotel Breakfast
7:45A		Coach DEPART
8:30A		MEET Course Leader(s) at Old Post Office (Pennsylvania Avenue Side)
9:00A		***** Fords Theatre: 511 10th Street NW (202) 347-4833. Please Note: Tickets must be picked up at will call. Please bring the confirmation letter. (Pending) - (36 ppl) Conf#-Ranger Talk in Theatre; Peterson House; Education Center. Reservation made under Duquoin Middle School.
		OPEN- Shops at National Place - (tickets) - 13th and F Street (Entrance 25 yds from 13th towards 14th), Washington, DC 22309(202) 737-0009
12:30P		Holocaust Memorial Museum - Individual Tickets - 100 Raoul Wallenberg Place, SW - Washington, DC #202-488-0400 - individual ticket holders enter through the 14th Street entrance - Please arrive 30 minutes early in order to clear security. - (35 ppl) Conf#-Individual Tickets
2:50P		Group arrives to Capitol Visitor's Center to enter security
3:20P		Capitol Tour (booked by Account Manager) Group must arrive 30 minutes early and present confirmation paperwork - Reservation # 7686-6688-9212 is for 40 people under the name South Hardin. Program Leader for Duquoin Middle School is holding the confirmation letter
5:30P		Vie de France - Must be on time, - 600 Maryland Ave, SW, Washington, DC 20024(202) 554-7870
		Martin Luther King, Jr Memorial - Franklin D. Roosevelt Memorial - Jefferson Memorial
9:00P		Course Leader DISMISSED
9:30P		Coach DROP at hotel
<b>(DRAFT)Wednesday, April 16, 2014</b>		
6:30A		Hotel Breakfast
7:15A		Coach DEPART
8:00A		MEET Course Leader(s) at Arlington National Cemetery Visitor Center Arlington National Cemetery - Kennedy Gravesites - Tomb of the Unknown

10:45A		Soldier - Changing of the Guard - Challenger Memorial Frederick Douglass' Cedar Hill - 1411 W Street SE, Washington, DC #202-428-5961 - (15 ppl) Conf#-4-2062764
12:30P		McDonald's Wisconsin - 4130 Wisconsin Avenue, NW, Washington, DC 20016(202) 363-3955
2:00P		***** National Cathedral Guided Tour Groups must arrive 15 minutes prior to appointment time and must leave 1 hour after appointment time. (Pending) - (35 ppl)
3:30P		The Newseum - 6th Street and Pennsylvania Avenue - #1-888-639-7386 - (44 ppl) Conf#-125746
6:00P		California Tortilla - 728 7th St. NW (Between G St. & H St.), Washington, DC 20001(202) 638-2233 Lincoln Memorial - Korean Memorial - Vietnam Memorial
9:00P		Course Leader DISMISSED
9:30P		Coach DROP at hotel
<b>(DRAFT)Thursday, April 17, 2014</b>		
6:30A		Hotel Breakfast
7:30A		BAGS ON BUS (BOB/GAT) Bret Harte Middle School Coach DEPART
8:15A		MEET Course Leader(s) at Huntington Avenue Metrorail, 2701 Huntington Avenue, Alexandria VA(Huntington Avenue side - Exit 176A on I-95 - Telegraph Road, FOLLOW the signs for Huntington Avenue) Mt Vernon - Home of George Washington - Education Center with House and Grounds Tour - (35 ppl)
11:45A		Old Country Buffet Lunch - 7820 Richmond Highway, Alexandria, VA 22306(703) 619-9557 Smithsonian Complex - Museum of American History - Natural History Museum - National Art Gallery - Air & Space Museum -Pending time Bret Harte and Charlotte Academy may need to pick one museum to visit
2:30P		Van REPORT to Museum of Natural History (Mallside) (Bret Harte Middle School - Charlotte Academy)
3:30P		Van DROP group at Dulles International Airport (Bret Harte Middle School - Charlotte Academy)
		OPEN- \$10.00 Dinner Allotment at Airport - (ALLOT) (Bret Harte Middle School - Charlotte Academy)
5:00P		Pizzeria UNO Union Station - Must be on time, - 50 Massachusetts Ave, N.E., Washington, DC 20002(202) 842-0438 (Duquoin Middle School)



5:35P		Charlote Academy (11) RET-IAD 5:35P
5:41P		Bret Harte Middle School (6) RET-IAD 5:41P
6:00P		Coach DEPART for Baltimore Washington Airport (Duquoin Middle School)
7:30P		Coach DROP group at Baltimore Washington Airport (Duquoin Middle School)
9:40P		Duquoin Middle School (20) RET-BWI 9:40P



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/27/2014

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).

<b>PRODUCER</b> Marsh USA Inc Three James Center 1051 East Cary Street Suite 900 Richmond, VA 23219  337687-13-14	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:  <b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Steadfast Insurance Company</td><td>26387</td></tr><tr><td>INSURER B: American Guarantee &amp; Liability Ins Co</td><td>26247</td></tr><tr><td>INSURER C: North River Insurance Co</td><td>21105</td></tr><tr><td>INSURER D: Everest National Insurance Co</td><td>10120</td></tr><tr><td>INSURER E: Federal Insurance Company</td><td>20281</td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER	NAIC #	INSURER A: Steadfast Insurance Company	26387	INSURER B: American Guarantee & Liability Ins Co	26247	INSURER C: North River Insurance Co	21105	INSURER D: Everest National Insurance Co	10120	INSURER E: Federal Insurance Company	20281	INSURER F:	
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<b>INSURED</b> Lakeland Tours, LLC dba WorldStrides 218 West Water Street Suite 400 Charlottesville, VA 22902															

**COVERAGES****CERTIFICATE NUMBER:**

CLE-004026829-02

**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> JEC <input type="checkbox"/> LOC		EOL5329376-09	09/30/2013	09/30/2014	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		PRA 9319586-02	09/30/2013	09/30/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR		582-101399-7	09/30/2013	09/30/2014	EACH OCCURRENCE \$ 30,000,000
E	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DFD <input type="checkbox"/> RETENTION \$ 0		93635915	09/30/2013	09/30/2014	AGGREGATE \$ 30,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N N/A	CF4WC00091-131	09/30/2013	09/30/2014	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<b>Errors &amp; Omissions</b>		EOL5329376-09	09/30/2013	09/30/2014	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: April 14-17, 2014; Program Leader Keith Brown, Fax/Email: 510-482-7272

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

**CERTIFICATE HOLDER**Bret Harte Middle School  
Attn: Keith Brown  
3700 Coolidge Avenue  
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

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

### 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  
 Wordpass 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  
 WordStrides Holdings, LLC  
 WH Blocker, Inc  
 WS Purchaser, Inc  
 WS Holdings, Inc



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



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.
EOL5329376-09	09/30/2013	09/30/2014	09/30/2013

### 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**:

- That is not provided to the **Named Insured** in this policy; or
- 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:

- The Limits of Insurance provided to the **Named Insured** in this policy; or
- 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.