Board Office Use: Legislative File Info.

File ID Number
Introduction Date
Enactment Number
Introduction Date

Enactment Date

| 3-0140 | |

Board of Education



every student. every classroom.

Memo

From Board Meeting Date	Anthony Smith, Superintendent
Subject	Approval of Request for Student Travel
	Lithan Promise Academy
Action Requested	Approval of request for student travel of
Educational Purpose of Trip	This trip deeply enriches learning in history, government and civil rights. In addition, it broadens students' life experiences and perspective.
Itinerary and activities	We will be working with the Close Up Foundation for this trip. (And have done so for three previous years.) Students do workshops and study tours hosted by Close Up faculty History, government, and civil rights content are learned in the authentic context of our nation's capital. More information about their middle school program can be found at http://www.closeup.org/programs/middle-school
Teachers and Staff Attending Trip	Dennis Guikema (Asst Principal)
Site Administrator Affirms	 ☑ Parental permission forms will be on file for all students participating and school has emergency communication protocol ☑ At least one OUSD employee accompanying the students is certificated ☑ Non-OUSD chaperones, if any, will meet criminal background check requirements ☑ There will be sufficient and appropriate chaperones for this field trip ☑ School will address financial or accessibility issues that might prevent students from participating
Recommendation	 ☑ Approval of request for student travel of Urban Promise Academy to Washington DC. (Close Up Foundation) for the period of May 18, 2013 through May 22, 2013 . ☑ Ratification of Educational Organization Contract with
Fiscal Impact	Amount of District funds to be used for trip costs will be \$0 Funding source for the trip will be: ☐ General funds ☐ Restricted funds ☐ No District funds will be used

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

Resolution No. 1213-0137

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

\//	HEREAS no	ursuant to Board Policy 614	3. the Superintender	nt requests th	ne Board of Educ	ation
		travel for the period of				
to authori	ze student	travel for the period of	May 10, 2015	_ tillough	Way 22, 2010	
to Washin	gton D.C.					
by <u>Urban</u>	Promise A	cademy		<u>-</u>		·
		FORE, BE IT RESOLVED, tapprove the following reque			akland Unified S	chool
School:		10 students and 1 a	dult from Urban Prom	nise Academ	у	
Departure	Date:	May 18, 2013	Return Date:	Ma	y 22, 2013	
Passed by	the follow	ing vote:				
AYES:		London, James Harr President Jumoke F				
NAYS:	None					
ABSTAINE	D: None					
ABSENT:	None					
I h Governing	ereby certi Board of t	ify that the foregoing is a fu the Oakland Unified School I	II, true and correct co District at a Regular N	opy of a Reso deeting held	Dution adopted b	y the

Edgar Rakestraw, Jr. Secretary, Governing Board

Board Office Use: Legislative File Info.

File ID Number 13-0679

Introduction Date 5/8/13

Enactment Number 13-0740

Enactment Date 5/8/13





			Basic	Directions		
2. Board 3. Use of 4. OUSI emplo or em every 5. Gene	d approval is re of Restricted Fu D Fingerprint a byee chaperon nail volunteers@ 3 years and o erally 1:10 Adul	quired for unds requir nd TB clea es. (Arran <u>Dousd.k12</u> btain TB cl t to Studer	all out of state trips. es additional approverance requirements ge through https://www.ca.us . Continuing verance once every	val by State & Fer per OUSD AR 12 www.beamentor.org/l olunteer chapero 4 years.) provided in OUS	240 has been obtaine Linkpages/mentorasp/Sp ones must be fingerpri SD Board Policy 6153	d for all non-District pecialProjects/OUSDI nt cleared at least once
Required Documents for Request Approval	All facility, Certificate Facility (a	program of of insurar	or vendor agreement nce from all private v vunless publicly owr	ts/contracts, incluendors: ned and operated	or commercial lodgin	nal Organization Contract
Required Documents for Trip Approval	List of stu	dents and	adults attending trip			private or rental vehicle
TRIP INFO	RMATION 1	O BE C	OMPLETED BY	TEACHER:		
School or Ce	nter:	l	Jrban Promise Acad	emy	Site Numb	per:236
Destination			Washingto	n DC. (Close Up	Foundation)	
Address:	1330	Braddock F	Pl, Suite 400, Alexan	dria, VA 22314	Phone:	703-706-3440
Date of Depa	rture: May	18, 2013	Time of Departure	5:00 AM	Place of Departure	e: Urban Promise Acad.
Date of Retur	n: May :	22, 2013	Time of Return:	9:20 PM	Place of Return: _	Urban Promise Acad
Class(es) or 0	Group Attendin	g:	Ten 7	th and 8th grade	students, by applicati	on.
Grade(s):	7-8 #	of Students	s:10	lts:1		
Teacher Supe	ervising Trip: _	De	ennis Guikema	Emergeno	cy Contact # during trip	o: <u>510-967-7552</u>
Supervising to	eacher's email	address: _		dennis.guike	ema@ousd.k12.ca.us	
Describe itir activities: (☐ Trip will or water acti	include swim	previous y History, g nation's c	years.) Students do overnment, and civil	workshops and rights content ar ation about their r	study tours hosted by re learned in the autho- middle school program	entic context of our



OAKLAND UNIFIED OUT OF STATE SCHOOL DISTRICT FIELD TRIP/EXCURSION REQUEST

Names of Teachers and staff attending trip:	Staff: Close Up Foundation		
Describe mode of transportation for each leg of the trip:		her transportation inclu	urning from Washington Regan to SFU des walking, public transportation rtered by Close Up.
Describe how this trip aligns with grade level standards, supports the	This trip deeply enriches learni broadens students' life experie		ent and civil rights. In addition, it
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:			
TRIP COSTS			
Funding source for the trip	will be: General Funds	Restricted fur	nds
TRANSPORTATION			_
Note: Site must order AC T	ransit and BART tickets. the approved bus company list	is located on the Intrar	net with the Field Trip information.
			Meelchair accessible needed?
Bus Company:	Co	ost of transportation: \$_	Restricted funds?
Charter Bus Account: Org.	Key	Object: 5826	Charter Bus PO #:
ADMISSION COSTS			
Cost per student: \$0	Cost per adult: \$	Total cost: \$	Restricted funds?
			Admissions PO #:
SUBSTITUTES Are Su	ıbs Needed? Yes: ☐ No: ✓	(Note: School site is	responsible for ordering substitutes)
CERTIFICATES OF IN	SURANCE		
Facility/Program Insurance: operated).	Attach copies of Proof of Insura	ance from all private ve	endors (except publicly owned and
If yes, attach the written r be faxed to the contact pers	dor requested that OUSD provide equirements provided by the loon at the facility and the school be given to the facility if required	Facility. (Once the Ce site contact. The origin	strict's insurance? Yes: No virtificate of Insurance is prepared it will nal certificate will then be sent to the

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.



Site:	Urban Promi	se Academy
Teacher Super	rvising Trip:	Dennis Guikema
Destination:	Washington DC.	(Close Up Foundation)
Trip Departure	Date:	May 18, 2013

APPROVAL OF REQUEST	Signature	Check One	Date
AFFROVAL OF REGOLD	Olgitatare	Approved Denied	Date
Site Administrator ✓ Trip aligns with grade level standards ✓ Trip purpose, supervision plan, transportation, safety parameters and funding are appropriate ✓ Reviewed agreements/contracts with any facility, program or vendor (attach copies) ✓ Organization(s) involved in the trip have expertise in operating student trips	2-2		3.5.13
Network Executive Officer Trip purpose, transportation, and funding are appropriate Organization(s) involved in the trip have expertise in operating student trips	Johling	N	4/10/13
State/Federal Compliance (if restricted funds) Compliant use of resources and in alignment with school site plan (SPSA)			
Risk Management Business contracts, insurance, safety and policy compliance are sufficient Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)	Que de la companya della companya de		4/19/20
APPROVAL OF TRIP	Signature	Check One Approved Denied	- Date
Site Administrator 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	12 12		3.5.13
Risk Management) Confirm receipt of completed Checklist, list of students/adults, and Declarations of			4/9/200

Superintendent ☐ Approve/disapprove trip☐ Returns Request Form to Risk Management

Notify Site of Trip Approval once approved by Superintendent

Overnight Field Trip/Excursion Request Form

Driver

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Urban Promise Academy

	Teacher Supervising Trip:	Definis Guikeria
	Destination: Washington DC	(Close Up Foundation)
	Trip Departure Date:	May 18, 2013
	KLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TReach item certifying completion)	IP DEPARTURE
11	"OUSD Student Field Trip/Excursion Permission Slip" has been signed by parent(s)/guaparticipants.	rdian(s) of all student
NA	"Adult Participant Field Trip/Excursion Cnaperone Agreement" signed by all non-District	employee chaperon.
MA	OUSD Fingerprint and TB clearance requirements per OUSD AR 1240 have been obtain amployee chaperones.	ned for all non-District
M	No student has been prevented from making a trip due to lack of sufficient funds.	
M	No District funds will be used to pay for "pupil expenses" on out of state trips unless wai 35330(b)(3) is granted by OUSD Board of Education and the State Board of Education. meals, sundries, lodging, etc. (District funds may be used to pay transportation costs of program costs.)	Pupil expenses include
9	Meeting held for staff, noncertificated adults, parent(s)/guardian(s) and students in advantant safety related procedures, itinerary and questions as required by OUSD AR 6153. Meeting date: May 9, 2015	nnce of trip to discuss trip
01	Health Conditions/Medication: Trip participant health information has been gathered an needed revisions to supervision plan made, including making sure that chaperones und information (e.g., food allergies). A plan has been developed to collect, secure, and dispendications from their original containers and consistent with physician's instructions.	erstand relevant bense prescription
WA A	Supervision is by certificated personnel and assisted by other school employees, paren authorized chaperones who are at least 21 years old. Site Administrator and Teacher/leall chaperones are willing and able to perform required duties, including understanding instructions, understanding health information for students in their group and responding an emergency.	ad trip staff are satisfied and implementing
VA	Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high r	isk activities).
01%.	Sleeping arrangements and night supervision are safe and appropriate.	
the	Safety requirements have been met (e.g., first aid kits, emergency contact and health in chaperones, cell phones). At least one adult has current First Aid/CPR training.	nfo, instructions for
W.	Confirm that: (1) if destination is out of Oakland, arrangements have been made for use event of illness or emergency and (2) students received instruction in safe conduct on be	e of an additional vehicle in ous or other transport.
NA	OUSD Declaration of Driver form completed and signed by driver and registered owner used on trip and copy of proof of insurance and California driver's license are on file an The same forms may be used for multiple trips or for entire school year as long as insurupdated. This requirement does not apply to licensed bus companies on the District's a public transportation entities, airlines or AMTRAK.	d secured at school site. rance proof on file is
MA	☐ Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activit	ies" have been met.
NIA	Confirm all student participants on higher risk activities (e.g. swimming, snow trips, hors rafting, etc) are covered by medical or accident insurance as required by AR 6153. Do without insurance; however, contact Risk Management for instructions.	seback riding, sailing, not exclude students
SM	Site and trip leader has a list of students and adults attending trip.	

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



FIELD TRIP/EXCURSION INFORMATION DESTINATION OUTSIDE OF CALIFORNIA

(to be kept by Parent/Guardian)

TO BE COMPLETED BY TEACHER

ress: Wa	shington DC. (Close U	p Foundation)	1330 Braddock PI, Su VA 22314	iite 400, Alexandria, <u></u>
18, 2013	Time of Departure: _	5:00 AM	Place of Departure:	Irban Promise Acad.
22, 2013	Time of Return:	9:20 PM	_ Place of Return: _ Ur	ban Promise Acad
	Ten 7th ar	nd 8th grade stu	udents, by application.	1
ner(s):		Dennis Guiker	ma (Asst Principal)	
D	ennis Guikema	Emergency	Contact # during trip: _	510- 967-7552
previous History, g nation's o	years.) Students do w government, and civil rig capital. More informatio	orkshops and some or	study tours hosted by Clo e learned in the authentic niddle school program ca	se Up faculty. context of our
(direct) o	n Virgin America. Other	er transportatio	on includes walking, public	c transportation
		rovided in a se	parate document. (As w	vill a list of what not
	18, 2013 22, 2013 Der(s): We will be previous History, genation's centre http://www.	Time of Departure:	Ten 7th and 8th grade strength of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will be provided in a set of the complete packing list will b	ress: Washington DC. (Close Up Foundation) VA 22314 18, 2013 Time of Departure: 5:00 AM Place of Departure: Ur 22, 2013 Time of Return: 9:20 PM Place of Return: Ur Ten 7th and 8th grade students, by application. Dennis Guikema (Asst Principal) Dennis Guikema Emergency Contact # during trip: We will be working with the Close Up Foundation for this trip. (And hav previous years.) Students do workshops and study tours hosted by Clothistory, government, and civil rights content are learned in the authentic nation's capital. More information about their middle school program can http://www.closeup.org/programs/middle-school We will be flying from SFO to Washington Dulles, Returning from Washington on Virgin America. Other transportation includes walking, public (BART to airport and Metro in DC area), and bus chartered by Close Up A complete packing list will be provided in a separate document. (As we will be packing list will be provided in a separate document. (As we will be packing list will be provided in a separate document. (As we will be packing list will be provided in a separate document. (As we will be packing list will be provided in a separate document. (As we will be packing list will be provided in a separate document. (As we will be packing list will be provided in a separate document. (As we will be packing list will be provided in a separate document. (As we will be packing list will be provided in a separate document. (As we will be packing list will be provided in a separate document.



STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP

DESTRUMENTAL (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		1
I give permission for my daughter/son/ward	/N f C1	
to participate in a field trip on Date(s): May 18-	(Name of St	udent – please print)
to: Washington NC (Close up	Famount a	. \
to participate in a field trip on Date(s): May 19-2 to: Washington DC (Close up Emergency Number(s) for Parent/Guardian: 1.	2.	3.
Alternate Emergency Contact Name:		
Student Health Conditions		
☐ Severe Allergy to: Asthma ☐ Student has an inhaler at school ☐ Seizures ☐ Student has medication at school ☐ Other condition(s): Medications needed during the school day:	Sickle Cell Anemia	☐ Student has medication at school
Medications needed after school hours:		
Special Instructions:		
All students with asthma, diabetes, and severe allergies sho the event of an asthma attack, low blood sugar, or allergic signed by you and your doctor. See your School Nurse/Hea	reaction along with	a Severe Allergy/Asthma Action plan
	ici services for filor	e information.
Health Insurance Plan Name ¹ : Swim/Water Activities Permission — If swimming and/opermission for your daughter/son/ward to participate in these a	Subscr r water activities and activities? Yes:	iber/Policy No e a part of the field trip, do you give No:
Health Insurance Plan Name ¹ :	Subscr r water activities and activities? Yes:	iber/Policy No e a part of the field trip, do you give No:
Health Insurance Plan Name ¹ : Swim/Water Activities Permission — If swimming and/opermission for your daughter/son/ward to participate in these a My child's swimming ability is (check one): Beginner Authorization to treat minor: In the event that I, or other p	Subscr r water activities an activities? Yes: Intermediate arent/guardian, car	iber/Policy No e a part of the field trip, do you give No: Advanced not be contacted, I hereby give
Health Insurance Plan Name ¹ : Swim/Water Activities Permission — If swimming and/opermission for your daughter/son/ward to participate in these a My child's swimming ability is (check one): Beginner Authorization to treat minor: In the event that I, or other permission to the School staff to secure proper treatment for minor:	Subscr r water activities are octivities? Yes: Intermediate arent/guardian, car y daughter/son/wa	iber/Policy Noe a part of the field trip, do you give No: Advanced nnot be contacted, I hereby give rd.
Health Insurance Plan Name¹: ☐ Swim/Water Activities Permission — If swimming and/o permission for your daughter/son/ward to participate in these a My child's swimming ability is (check one): Beginner ☐ Authorization to treat minor: In the event that I, or other p permission to the School staff to secure proper treatment for m Date: Parent or Guardian Signature:	Subscr r water activities and activities? Yes: Intermediate arent/guardian, car by daughter/son/water	iber/Policy No e a part of the field trip, do you give No: Advanced nnot be contacted, I hereby give rd.
Health Insurance Plan Name¹: ☐ Swim/Water Activities Permission — If swimming and/o permission for your daughter/son/ward to participate in these a My child's swimming ability is (check one): Beginner ☐ Authorization to treat minor: In the event that I, or other p permission to the School staff to secure proper treatment for m Date: Parent or Guardian Signature:	Subscr r water activities are ectivities? Yes: Intermediate arent/guardian, car by daughter/son/wai lian and the supervisir elow if you grant perri	e a part of the field trip, do you give No: Advanced Advanced Anot be contacted, I hereby give rd. In the field trip, do you give and you give and the field trip, do you give and you give and the field trip, do you give and you give and the field trip, do you give and you give and the field trip, do you give and you give and the field trip, do you give and you give and the field trip, do you give and you give and the field trip, do you give and you give and the field trip, do you give and y
Health Insurance Plan Name¹: Swim/Water Activities Permission — If swimming and/opermission for your daughter/son/ward to participate in these a My child's swimming ability is (check one): Beginner Authorization to treat minor: In the event that I, or other permission to the School staff to secure proper treatment for modete: Parent or Guardian Signature: Print Name: FOR HIGH SCHOOLS ONLY: With permission of the parent/guard at and/or leave from the destination on his/her own. Please check be at or leave the destination on his/her own. Under this option, OUSD My high school student has my permission to arrive at and/or leave.	Subscr r water activities are ectivities? Yes: Intermediate arent/guardian, car by daughter/son/wai lian and the supervisir elow if you grant perr and the School are neave the destination of	a part of the field trip, do you give No: Advanced nnot be contacted, I hereby give rd. Independent to arrive leave Independent to arrive leave
Health Insurance Plan Name¹: Swim/Water Activities Permission — If swimming and/opermission for your daughter/son/ward to participate in these a My child's swimming ability is (check one): Beginner Authorization to treat minor: In the event that I, or other permission to the School staff to secure proper treatment for modete: Parent or Guardian Signature: Print Name: FOR HIGH SCHOOLS ONLY: With permission of the parent/guard at and/or leave from the destination on his/her own. Please check be at or leave the destination on his/her own. Under this option, OUSD	Subscr water activities are activities? Yes: Intermediate arent/guardian, carenty daughter/son/waitelow if you grant perroand the School are not be aven the destination of the supervising teached ining to the chaperonic	a part of the field trip, do you give No: Advanced Advanced Anot be contacted, I hereby give rd. In the field trip, do you give No: Advanced
Health Insurance Plan Name¹: Swim/Water Activities Permission — If swimming and/opermission for your daughter/son/ward to participate in these a My child's swimming ability is (check one): Beginner Authorization to treat minor: In the event that I, or other permission to the School staff to secure proper treatment for modete: Parent or Guardian Signature: Print Name: FOR HIGH SCHOOLS ONLY: With permission of the parent/guard at and/or leave from the destination on his/her own. Please check be at or leave the destination on his/her own. Under this option, OUSD My high school student has my permission to arrive at and/or leave the destination on his/her own. Under this option, OUSD My high school student has my permission to arrive at and/or leave the destination on his/her own. Under this option, OUSD My high school student has my permission to arrive at and/or leave the destination on his/her own. Under this option, OUSD My high school student has my permission to arrive at and/or leave the destination on his/her own. Under this option, OUSD My high school student has my permission to arrive at and/or leave the destination on his/her own. Under this option, OUSD My high school student has my permission to arrive at and/or leave the destination on his/her own. Under this option, OUSD My high school student has my permission to arrive at and/or leave the destination on his/her own. Under this option, OUSD My high school student has my permission to arrive at and/or leave the destination on his/her own. Under this option, OUSD My high school student has my permission to arrive at and/or leave the destination on his/her own.	Subscr r water activities are activities? Yes: Intermediate Intermediate, carried daughter/son/ward da	a part of the field trip, do you give No: Advanced Advanced Anot be contacted, I hereby give rd. In the field trip, do you give No: Advanced

laims 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).

Student Field Trip-Excursion Permission Slip 12-13.doc

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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).

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