

Board Office Use: Legislative File Info.	
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Introduction Date	2/25/15
Enactment Number	15-0052
Enactment Date	2/25/15 O.D.



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**

2/25/15

Subject Approval of Request for Student Travel

Action Requested	<input checked="" type="checkbox"/> Approval of request for student travel of <u>Oakland Technical High School</u> to <u>Spain: Madrid, Cordoba, Seville and Barcelona</u> , for the period of <u>April 3, 2015</u> through <u>April 12, 2015</u> . Grade(s): <u>10-11th</u> # of Students: <u>12</u> # of Adults: <u>2</u> <input type="checkbox"/> Ratification of Educational Organization Contract with _____
Educational Purpose of Trip	This trip will expose students to the culture and the language and will encourage them to continue improving. It will also prepare them for AP next year or Spanish in College.
Itinerary and activities	<u>Madrid</u> : Collection of El Museo del Prado, Royal Place and historic village <u>Toledo</u> : Explore the Culture of the three neighbourhoods, Christian, Jewish and Muslim. <u>Seville and Cordoba</u> : Discover the beauty of the buildings: Cathedral of Seville, and Alcazar, Mezquita of Cordoba. Students will get involved in making "tapas" and dancing flamenco. <u>Barcelona</u> : Cathedral and Park Gruell (Gandi).
Teachers and staff Attending Trip	Felicidad Guirao and July Bojorguez
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>Oakland Technical High School</u> to <u>Spain</u> for the period of <u>April 3, 2015</u> through <u>April 12, 2015</u> . Grade(s): <u>10-11th</u> # of Students: <u>12</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 \$ _____ 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. 1415-0156**

**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 Madrid, Cordoba, Seville and Barcelona, Spain on April 3, 2015 through April 12, 2015 by Oakland Technical 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 12 students and 2 adults from Oakland Technical High School to travel to Madrid, Cordoba, Seville and Barcelona, Spain. This trip will expose students to the culture and the language and will encourage them to continue improving. It will also prepare them for AP next year or Spanish in College, for the period of April 3, 2015 through April 12, 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

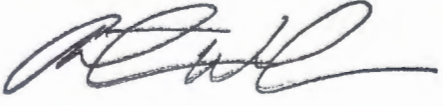
NAYS: None

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 February 25, 2015.

File ID Number: 15-0089
Introduction Date: 2/25/15
Enactment Number: 15-0252
Enactment Date: 2/25/15
By: OA

By: 
Antwan Smith
Secretary, Board of Education



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. 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

- ☒ Copy of program/vendor information describing vendor and scheduled activities
- ☐ All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract
- ☐ 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)
- ☐ Board Approval Memo

Required
Documents
for Trip
Approval

- ☐ "Checklist Prior to Trip Departure"
- ☐ List of students and adults attending trip
- ☐ "Declaration of Driver" and required attachments, completed by **each** driver of private or rental vehicle

TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center: OAKLAND TECH HIGH SCHOOL Site Number: 305

Destination: SPAIN: Madrid, Cordoba, Seville and Barcelona
Address: EF TOURS, Denver 1775 Blake St. Denver, CO 80202 Phone: 1-800-665-5364

Date of Departure: 4/3/15 Time of Departure: 7:00am Place of Departure: SFO Airport

Date of Return: 4/12/15 Time of Return: 3:00p.m. Place of Return: SFO Airport

Class(es) or Group Attending: _____

Grade(s): 10-11th # of Students: 12 # of Adults: 2

Teacher Supervising Trip: Felicidad Guirao Emergency Contact # during trip: 0-11-34-653-1270
510-508-2753

Supervising teacher's email address: felicidad.guirao@OUSD.K12.CA.US

Describe itinerary and
activities:

(☐ Trip will include swim
or water activities)

Madrid: Collection of EL Museo del Prado, Royal Palace and historic Village. Toledo: Explore the culture of the three neighbourhoods, Christian, Jewish and Muslim. Seville and Cordoba: discover the beauty of the buildings: Cathedral of Seville, and Alcazar, Mezquita of Cordoba. Students will get involved in making "tapas" and dancing flamenco. Barcelona: Cathedral and Park Güell. (bandi)



OAKLAND UNIFIED SCHOOL DISTRICT

OUT OF STATE FIELD TRIP/EXCURSION REQUEST

Names of Teachers and staff attending trip:	Teachers: <i>Felicidad Guirao and Judy Bojórquez</i> Staff:
Describe mode of transportation for each leg of the trip:	<i>SFO airport to Madrid: American Airlines Cities in Spain Bus chartered by EF and RENFE (train) Barcelona to SFO. American Airlines</i>
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:	<i>In order to graduate from O.T. students need to take 2 years of Spanish. 3 is recommended for College. This trip will expose students to the culture and the language and will encourage them to continue improving. It will also prepares them for AP next year or Spanish in College.</i>

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: 0 Size of bus ordered: 0 Wheelchair accessible needed? 0
Bus Company: 0 Cost of transportation: \$ 0 Restricted funds? 0
Charter Bus Account: Org. Key 0 Object: **5826** Charter Bus PO #: 0

ADMISSION COSTS

Cost per student: \$ 0 Cost per adult: \$ 0 Total cost: \$ 0 Restricted funds? 0
Admission Account: Org. Key 0 Object **5829** Admissions PO #: 0

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

APPROVAL OF REQUEST

Site Administrator

- ☒ I am signed with appropriate standards
- ☒ I am signed with appropriate standards
- ☒ Transportation safety data letters are
- ☒ including the appropriate
- ☒ Reviewed agreements contracts with any
- ☒ parent, private or vendor attach copies
- ☒ of transportation involved in the trip have
- ☒ expertise in supervising students

Network Executive Officer

- ☒ I am signed with appropriate standards
- ☒ I am signed with appropriate standards
- ☒ I am signed with appropriate standards
- ☒ I am signed with appropriate standards

State/Federal Compliance

- ☒ I am signed with appropriate standards
- ☒ I am signed with appropriate standards

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

Signature

Check One
Approved Denied

12/19/14

12/22/14

APPROVAL OF TRIP

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

Risk Management

- ☒ Confirm receipt of completed Checklist
- ☒ List of students/adults and Declarations of
- ☒ Driver
- ☒ Notify Site of Trip Approval once
- ☒ approved by Superintendent

Superintendent

- ☒ Approve/disapprove trip
- ☒ Returns Request Form to Risk
- ☒ Management

Signature

Check One
Approved Denied

Date

12/22/14

12/22/14



OAKLAND UNIFIED
SCHOOL DISTRICT

OUT OF STATE
FIELD TRIP/EXCURSION REQUEST

Site: OAKLAND TECHNICAL HIGH SCHOOL
Teacher Supervising Trip: Felicidad Guirao
Destination: SPAIN
Trip Departure Date: 4/3/2015

CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE

(initial each item certifying completion)

- SG "OUSD Student Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
- SG "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.
- SG OUSD Fingerprint and TB clearance requirements per OUSD AR 1240 have been obtained for all non-District employee chaperones.
- SG No student has been prevented from making a trip due to lack of sufficient funds.
- SG No District funds will be used to pay for "pupil expenses" on out of state trips unless waiver of Education Code 35330(b)(3) is granted by OUSD Board of Education and the State Board of Education. Pupil expenses include meals, sundries, lodging, etc. (District funds may be used to pay transportation costs or direct educational program costs.)
- SG 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: 2/20/15
- SG 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). 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 5141.21)
- SG Supervision is by certificated personnel and assisted by other school employees, parent(s)/guardian(s), or other authorized chaperones who are at least 21 years old. Site Administrator and Teacher/lead trip staff are satisfied all chaperones are willing and able to perform required duties, including understanding and implementing instructions, understanding health information for students in their group and responding effectively in the event of an emergency.
- SG Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
- Sleeping arrangements and night supervision are safe and appropriate.
- SG Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones). At least one adult has current First Aid/CPR training.
- SG 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.
- N/A OUSD Declaration of Driver form completed and signed by driver and registered owners of any private vehicles used on trip and copy of proof of insurance and California driver's license are on file and secured at school site. The same forms may be used for multiple trips or for entire school year as long as insurance proof on file is updated. This requirement does not apply to licensed bus companies on the District's approved bus list or for public transportation entities, airlines or AMTRAK.
- N/A ☐ Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
- SG 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. Do not exclude students without insurance; however, contact Risk Management for instructions.
- SG 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

FIELD TRIP/EXCURSION INFORMATION
DESTINATION OUTSIDE OF CALIFORNIA
(to be kept by Parent/Guardian)

TO BE COMPLETED BY TEACHER

School or Center: OAKLAND TECHNICAL HIGH SCHOOL
Field Trip Location and Address: SPAIN - EF TOURS (1775 Blake St. Denver CO - 1800-665-5364)
Date of Departure: April 3, 2015 Time of Departure: 6.00 a.m. (TBD) Place of Departure: SFO Airport
Date of Return: April 12, 2015 Time of Return: 7.00 p.m. (TBD) Place of Return: SFO Airport
Class or Group Attending: Spanish 2 - 3 and 4.
Name(s) of classroom teacher(s): Felicidad Guirao; Judy Bojórquez
Teacher Supervising Trip: Felicidad Guirao Emergency Contact # during trip: 0-11-34-653-37-12-70
510-508-2753

The field trip will involve the following: (Describe activities and itinerary): (<input type="checkbox"/> Swim permission required below.)	<u>Trip to Spain : Madrid, Córdoba, Seville and Barcelona. Details in EF Tours web page.</u> <u>Description from day 1 to day 10.</u> <u>More details will be provided in parents meetings before departure.</u>
Mode(s) of transportation:	<u>American Airlines</u> <u>Chartered Bus provided by EF Tours</u> <u>RENFE (Train National network)</u>
Student needs to bring:	<u>Clothing for 10 days</u> <u>Spending money for lunch and souvenirs.</u>



MENU ≡

MADRID, CORDOBA AND SEVILLE

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ENROLL NOW
([HTTP://PERSONALEFTOURS.COM/PAXAPP/LAUNCH?](http://PERSONALEFTOURS.COM/PAXAPP/LAUNCH?TOURID=1580895ZN)
TOURID=1580895ZN)

Tour Number: 1580895ZN
Group Leader: Felicidad Guirao Martinez
Requested Departure Date: 4/3/2015
Requested Return Date: 4/12/2015
Requested Departure Gateway: San Francisco

10 days

Spain

Three distinct cities reveal the many sides of Spain. Madrid is the country's regal capital; its Royal Palace has more than 2,000 rooms. In Córdoba, history and architecture have been shaped by many influences—Moorish, Roman, Jewish and Christian. And Seville is the cultural center of Spain's Andalusia region, home to flamenco shows, bullfights and the original Don Juan.



TOUR ITINERARY

Madrid, Cordoba and Seville

10 days



View detailed itinerary (/eLiterature/DBD/K/MCS.pdf)

Day 1: Fly overnight to Spain

Day 2: Madrid

Meet your Tour Director at the airport

Take a walking tour of Madrid

Visit the Prado

Day 3: Madrid

Take a guided tour of Madrid

With your expert local guide you will see:

- Puerta del Sol
- Plaza Mayor
- Plaza de Oriente

Visit the Royal Palace

Time to explore on your own or

Add this in-depth excursion

[VIEW FULL ITINERARY](#)



Toledo

HAVE QUESTIONS? SEE WHAT A TOUR IS REALLY LIKE.

Day 4: Córdoba

Travel to Cordoba

Take a guided tour of Cordoba

Visit the Mezquita

Learn how to make tapas

Day 5: Seville

Travel to Seville

Take a walking tour of Seville

With your tour director you will see:

- Giralda Tower
- Torre del Oro
- Plaza de Toros

Visit the Seville Bullring

Day 6: Seville

Take a guided tour of Seville

With your expert local guide you will see:

- Barrio de Santa Cruz

Visit the Seville Alcázar

Visit the Seville Cathedral
Enjoy a free evening or

Add this in-depth excursion



Seville Flamenco Evening

Day 7: Madrid
Travel to Madrid

Day 8: Barcelona
Experience an AVE train to Barcelona
Take a walking tour of Barcelona
With your tour director you will see:

- Las Ramblas

Day 9: Barcelona
Take a guided tour of Barcelona
With your expert local guide you will see:

- La Sagrada Família
- Montjuïc Hill
- Barrio Gótico

- Barcelona Cathedral

Visit Parque Güell

Day 10: Depart for home

51 REVIEWS

Avg. rating: ★★★★★ (4.5)
Madrid, Cordoba and Seville

Reviews are compiled and evaluated by an independent third party, Bazaarvoice™, the No. 1 provider of customer reviews.

★★★★★ **First International Trip**

My son went on his first international trip with EF Tours. I was very impressed with the overall experience. As a parent, you want to make sure all details are covered. EF Tours was very timely in providing ...

ProtectiveParent / Parent

New York / Posted on February 24, 2014

(/tour-website/1580895zn/reviews)

[READ ALL REVIEWS \(/TOUR-WEBSITE/1580895ZN/REVIEWS\)](/tour-website/1580895zn/reviews)

Have questions about this tour? Give us a call at 800-665-5364

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Entrances



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TOTAL PRICE

\$3,535 ^{\$1,147*}
month *← delayed or late enrollment*

[VIEW PRICE DETAILS](#)

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STAY IN THE LOOP
([/FORMS/PROSPECTS/1580895ZN](#))

OAKLAND TECHNICAL HIGH SCHOOL
FIELD TRIP TO SPAIN
April 3-12 , 2015

EF Tours Participants

Students:

1. Sam Hopkinson
2. Rachael Alberts
3. Lea Serrar
4. Taryn Woodall
5. Rose Greer
6. James Howarth
7. Shoshi Weisbin
8. Camille Molsick-Gibson
9. Senna Whipple
10. Joana Ramos
11. Caramia Fernánde-Melone

Teachers:

1. Felicidad Guirao
2. Judy Bojórquez



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 CARAMIA FERNANDEZ-MELONE
(Name of Student – please print)
to participate in a field trip to: SPAIN Date(s): APRIL 3 - 12, 2015
Emergency Contact Number(s) for Parent/Guardian: 1. (510) 388-5513 2. (510) 388-5513
Alternate Emergency Contact Name: _____ Phone Number(s): _____
Student's Critical Medical Needs/Medications/Allergies/Conditions: NONE

Health Insurance Plan Name¹: BLUE SHIELD Subscriber/Policy No. XE HJD 5938941

☒ **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: 12-09-14 Parent or Guardian Signature: Michael Fernandez-Melone
Print Name: MICHAEL FERNANDEZ-MELONE

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.

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).



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 James Howarth
(Name of Student - please print)

to participate in a field trip to: Spain Date(s): Spring break 2015

Emergency Contact Number(s) for Parent/Guardian: 1. 510-601-7931 2. 510-648-7590 3. 510-428-3885 ext 739

Alternate Emergency Contact Name: Bill Howarth Phone Number(s): 415-827-9126

Student's Critical Medical Needs/Medications/Allergies/Conditions: will have albuterol inhaler

but probably won't need it. (for exercise induced and allergy induced asthma)
Health Insurance Plan Name¹: Anthem Blue Cross PPO Subscriber/Policy No. Group # 150017mool William Howarth XDP845A 24833

☐ **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: 12/7/14 Parent or Guardian Signature: Julie Lane
Print Name: Julie Lane

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.

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).



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 Raehael Alberts
(Name of Student - please print)
to participate in a field trip to: Spain Date(s): Spring-break April 2015
Emergency Contact Number(s) for Parent/Guardian: 1. (510)-851-5314 2. 510-851-1378 3. 415-222-1372
Alternate Emergency Contact Name: Christine Zechner Phone Number(s): 510-847-9520
Student's Critical Medical Needs/Medications/Allergies/Conditions: faints easily

Health Insurance Plan Name¹: Kaiser Oakland Subscriber/Policy No. new as of 12/1/15
☐ **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: 12/2/14 Parent or Guardian Signature: Helen Alberts
Print Name: Helen Alberts

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.

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).



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 Camille Molsick - Gibson
(Name of Student - please print)

to participate in a field trip to: Spain Date(s): _____

Emergency Contact Number(s) for Parent/Guardian: 1. 510-717-4821 2. 510-635-7059 3. 650-622-9702

Alternate Emergency Contact Name: Pam Molsick Phone Number(s): 510-907-0304

Student's Critical Medical Needs/Medications/Allergies/Conditions: N/A

Health Insurance Plan Name¹: Kaiser Subscriber/Policy No. 13612063

☐ **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: 11/31/2014 Parent or Guardian Signature: Helen Gibson

Print Name: Helen Gibson

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.

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).



OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP

DESTINATION OUTSIDE OF CALIFORNIA (return completed form to School)

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TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Shoshana Weisbin
(Name of Student - please print)

to participate in a field trip to: Spain Date(s): _____

Emergency Contact Number(s) for Parent/Guardian: 1. 510.655.8787 2. 510.517.9992 3. 510.708.2218

Alternate Emergency Contact Name: James Weisbin Phone Number(s): 917.375.2272

Student's Critical Medical Needs/Medications/Allergies/Conditions: Erythromycin - allergic
Mild asthma, has inhaler

Health Insurance Plan Name¹: Kaiser Subscriber/Policy No. 09908971

☒ **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: 12/4/14 Parent or Guardian Signature: James Weisbin
Print Name: Jane Weisbin

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.

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OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP

DESTINATION OUTSIDE OF CALIFORNIA (return completed form to School)

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TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Rose Alison Greer
(Name of Student - please print)
to participate in a field trip to: Spain Date(s): 4/3/15 - 4/12/15
Emergency Contact Number(s) for Parent/Guardian: 1. 510-381-0477 2. 510-658-2961 3. 510-607-6630
Alternate Emergency Contact Name: Kat Schenk Phone Number(s): 812-320-8729
Student's Critical Medical Needs/Medications/Allergies/Conditions: penicillin allergy

Health Insurance Plan Name¹: Health Net Subscriber/Policy No. PD4355479

☒ **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: 12/2/14 Parent or Guardian Signature: Christina Sutherland
Print Name: Christina Sutherland

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.

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OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP

DESTINATION OUTSIDE OF CALIFORNIA (return completed form to School)

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TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my ~~daughter~~/son/ward SAM HOPKINSON
(Name of Student – please print)

to participate in a field trip to: SPAIN Date(s): _____

Emergency Contact Number(s) for Parent/Guardian: 1. 510 601 9961 2. 510 915 5650 3. 510 642 4364

Alternate Emergency Contact Name: DENISE REAGAN Phone Number(s): ~~510~~ 415 370 3123

Student's Critical Medical Needs/Medications/Allergies/Conditions: NONE KNOWN

Health Insurance Plan Name¹: HEALTH NET Subscriber/Policy No. R04354639

☒ **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: December 2 2014 Parent or Guardian Signature: Peter Hopkinson

Print Name: Peter Hopkinson

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.

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OAKLAND UNIFIED
SCHOOL DISTRICT

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

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TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Taryn Woodall
(Name of Student - please print)

to participate in a field trip to: Spain Date(s): _____

Emergency Contact Number(s) for Parent/Guardian: 1. 510 326 4791 2. 510 595 4223

Alternate Emergency Contact Name: Richard Woodall Phone Number(s): 510 326 4781

Student's Critical Medical Needs/Medications/Allergies/Conditions: Advil, Omeprazole 20 mg

for tummy problems. ID# 2892-8778

Health Insurance Plan Name¹: Cigna Subscriber/Policy No. 5M85449E

☐ **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: 12/1/14 Parent or Guardian Signature: Kathleen Woodall

Print Name: Kathleen Woodall

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.

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OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP

DESTINATION OUTSIDE OF CALIFORNIA (return completed form to School)

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TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward LEA SERRAR
(Name of Student - please print)
to participate in a field trip to: SPAIN Date(s): 4/4/15- 4/12/15

Emergency Contact Number(s) for Parent/Guardian: 1. 510 812 7255 2. 510 774 7295 3. _____

Alternate Emergency Contact Name: CLIVE SCULLION Phone Number(s): 510 772 9706

Student's Critical Medical Needs/Medications/Allergies/Conditions: ALLERGIE TO MOLD/DUST/POLLEN
ASTHMA. SHE WILL BRING 2 INHALERS: ALBUTEROL AND Q-VAR

Health Insurance Plan Name¹: KAISER Subscriber/Policy No. 11400278

☐ **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: 12/1/14 Parent or Guardian Signature: [Signature]

Print Name: VIOLAINE HAMEL

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_____ 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.

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OAKLAND UNIFIED
SCHOOL DISTRICT

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

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TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward SENNA WHIPPLE
(Name of Student - please print)

to participate in a field trip to: SPAIN - EF EDUCATIONAL TOUR Date(s): 4/3/15 - 4/12/15

Emergency Contact Number(s) for Parent/Guardian: 1. 510-385-1056 2. 510-919-3649 3. 510-530-6285

Alternate Emergency Contact Name: JEAN MORRISSEY Phone Number(s): 530-673-6256

Student's Critical Medical Needs/Medications/Allergies/Conditions: NONE

Health Insurance Plan Name¹: KAISER Subscriber/Policy No. 14677641

☒ **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: 12/1/2014 Parent or Guardian Signature: [Signature]

Print Name: JASON WHIPPLE

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.

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OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP

DESTINATION OUTSIDE OF CALIFORNIA (return completed form to School)

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TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Toana Mirtha Kerr Ramos
(Name of Student – please print)
to participate in a field trip to: Spain Date(s): April 3-12, 2015
Emergency Contact Number(s) for Parent/Guardian: 1. 408-784-2297 2. 510-220-0629 3. 415-279-1034
Alternate Emergency Contact Name: Ramon Ramos Alayo Phone Number(s): 510-220-0629
Student's Critical Medical Needs/Medications/Allergies/Conditions: N/A

Health Insurance Plan Name¹: Kaiser Subscriber/Policy No. 13464111

☒ **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: 11/24/14 Parent or Guardian Signature: Lauren A. Kerr
Print Name: Lauren A. Kerr

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.

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OAKLAND UNIFIED
SCHOOL DISTRICT

ADULT PARTICIPANT OUT OF STATE
FIELD TRIP/EXCURSION CHAPERONE AGREEMENT
(NON-OUSD EMPLOYEE)

TO BE COMPLETED BY CHAPERONE

I, Judith S. Bojorguez, have read and understand the trip information materials and hereby agree to
(Name of Adult)
participate in the field trip or excursion on April 3, 2015 through April 12, 2015 to
Spain
(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.¹
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: 570.325.2607 Home: 570.534.0688 Work: 450-5400 ext 202

Emergency Contact Person: Justin Bojorguez, son

Emergency Contact Numbers: 1. 570.207.7682 2. _____ 3. _____

Adult Participant's Critical Medical Needs/Medications/Allergies/Conditions: none

Health Insurance Plan Name: Kaiser Subscriber/Policy No. 978629

Date: 11.20.14 Adult Participant Signature: Judith S. Bojorguez

Print Name: Judith S. Bojorguez

¹ Fingerprinting can be arranged through <https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/>. For questions, email volunteers@ousd.k12.ca.us.