Board Office Use: Le	gislative File Info.
File ID Number	18-2566
Introduction Date	1/9/2019
Enactment Number	19-0085
Enactment Date	1/9/2019 lf



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

Memo

То	Board of Education
From	Kyla Johnson-Trammell, Superintendent
Meeting Date	_1919_
Subject	Approval of Request for Student Travel

Action Requested	Approval of Board Resolution No. 1819-0122 authorizing student travel by school site Oakland International High School to the National Memorial for Peace and Justice in Montgomery, AL			
	for the period of 2/15/2019 through 2/18/2019			
Itinerary and activities	2/16 Visit to the National Memorial for Peace and Justice 2/17 Visit to the National Museum for Peace and Justice, Rosa Parks Museum 2/18 Visit to the First White House of the Confederacy			
Educational Purpose of Trip	We will be visiting Montgomery in alignment with our US History, Government, and Media classes, to learn about the history of lynching in the US South, as it relates to slavery, Jim Crow and the current era of mass incarceration. We will be visiting Civil War and Civil Rights historic sites, such as the Rosa Parks museum and the First White House of the Confederacy. Students will be taking photographs and videos to document their learning to assemble into projects that can be shared across the school. Teachers in those classes will support students in reading historical documents before the trip and in producing media projects aftwards.			
Teachers Attending Trip	Sailaja Suresh, Loraine Woodard, Madenh Hassan, Andrea Negrete, Aparna Badithe, Zachary Silverman, Rafael Silva, Daniel Yoo, Mallory Moser, Alyssa Kronick			
Site Administrator Affirms	 Parental permission forms will be on file for all students participating and school has emergency communication protocol There will be sufficient and appropriate chaperones for this field trip (including at least one OUSD certificated employee and non-OUSD chaperones, if any, will meet criminal background check requirements) School will address financial or accessibility issues that might prevent students from participating 			
Recommendation	Approval of Board Resolution authorizing student travel described above.			
Fiscal Impact	Amount of District funds to be used for trip costs will be \$0 Funding source for the trip will be: □ General Purpose □ Restricted Funds ✓ No District funds will be used Resource Code: 9100 5221			

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RESOLUTION OF THE BOARD OF EDUCATION OF THE OAKLAND UNIFIED SCHOOL DISTRICT Resolution No. <u>1819-0122</u>

AUTHORIZATION FOR APPROVAL OF STUDENT TRAVEL

WHEREAS, the Board of Education believes that field trips and other travel opportunities for students are a valuable tool in supporting classroom instruction and promoting students' awareness of places and events;

WHEREAS, Board Policy 6143 requires the Board of Education of the Oakland Unified School District to approve all trips involving out-of-state and out of country travel; and

 WHEREAS, pursuant to Board Policy 6143, the Superintendent requests the Board of Education

 to authorize student travel for the period of ______2/15/2019 through _______

to Montgomery, AL

by Delta Airlines

NOW, THEREFORE, BE IT RESOLVED, the Board of Education of the Oakland Unified School District does hereby approve the following request for student travel:

School: Oakland International High School

Destination: National Memorial for Peace and Justice

Departure Date:_____2/15/2019

2/18/2019 Return Date:

Passed by the following vote:

AYES: Jumoke Hinton Hodge, Gary Yee, Roseann Torres, James Harris, Shanthi Gonzales, Vice President Jody London and President Aimee Eng

NAYS: None

ABSTAINED: Student Directors Yota Omosowho and Josue Chavez

ABSENT: None

I hereby certify that the foregoing is a full, true and correct copy of a Resolution adopted by the Governing Board of the Oakland Unified School District at a Regular Meeting held January 9, 2019

By: Jf. Pf-tone

Kyla Johnson-Trammell, Superintendent Secretary, Governing Board



OUT-OF-STATE FIELD TRIP/EXCURSION REQUEST

	Basic Directions
This packet is populate throu	available on the Intranet (School Operations Library) as a fillable-saveable pdf file. If typed, similar fields will ghout the packet making it quicker and easier to complete.
 Board Return approv Use or Obtain Distric volunt Gener Check Out-of not all 	ests must be submitted to Network Superintendent no later than 120 days prior to departure approval is required for all out of state trips. In Health Services Notification Form to the School Nurse or Health Services at the time you are requesting val for a field trip f Restricted Funds requires additional approval by Office of Accountability Partners in fingerprint clearance and complete TB risk assessment (requirements per OUSD AR 1240) for all non- et employee chaperones. (Arrange through <u>ousd.org/volunteers</u> or email <u>volunteers@ousd.org</u> . Continuing eer chaperones must be fingerprint cleared at least once every 3 years.) rally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153 to the Pre-Approved Vendor List for contract and insurance requirements f-state trips have a bifurcated approval system (1) to approve the request and (2) to approve the trip since information for the trip approval may available by the deadline for the request. When possible, submit the eed documents for the trip approval along with the initial trip request to make the full approval process faster.
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: Program (attach copy unless publicly owned and operated) Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn) Board Approval Memo and Board Resolution
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 International High School	Site Number:	353
······			
Nat Destination:	ional Memorial for Peace and Justice		

417 Caroline St, Montgomery, AL 36104 Address: (334) 269-1803 Phone or Contact Info: Time: Place of Departure: Departure - Date. Time: Place of Return: Return - Date: Justice and Unity Grant Participants Class(es)/Group Attending: 18 14 9-12 ____ # of Students: _ Grade(s)[.] _ # of Adults: Sailaja Suresh Teacher Supervising Trip: 510-277-2896 Emergency Contact # During Trip: sailaja.suresh@ousd.org Supervising Teacher's Email Address:



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

Site: OIHS

Site: Office
Teacher Supervising Trip: Sailaja Suresh
Destination: National Memorial for Peace and Justice
Date of Departure:

Describe itinerary and activities: (Trip will include swim or water activities)	We will be visiting the National Memorial and Museum for Peace and Justice in Montgomery, Alabama as a part of a grant-funded program to promote peace, justice, and community at our school.
Names of teachers and staff attending trip:	Teachers: Rafael Silva, Loraine Woodard, Madenh Hassan, Andrea Negrete, Aparna Badithe, Zachary Silverman, Daniel Yoo, Alyssa Kronick, Mallory Moser Staff: Dola Abdulla, Nadia Hassan, Lauren Markham, Lydia Gebrehiwot
Describe mode of transportation for each leg of the trip:	
Describe educational purpose of trip, including how it aligns with grade level standards, supports the teaching and learning and/or parent ed/training component of site plan, including related activities prior to trip and student follow-up activities that will occur after the field trip/excursion:	We will be visiting Montgomery in alignment with our US History, Government, and Media classes, to learn about the history of lynching in the US South, as it relates to slavery, Jim Crow, and the current era of mass incarceration. We will be visiting Civil War and Civil Rights historic sites, such as the Rosa Parks museum and the First White House of the Confederacy. Students will be taking photographs and videos to document their learning to assemble into projects that can be shared across the school. Teachers in those classes will support students in reading historical documents before the trip and in producing media projects aftwards.

TRIP COSTS

District funds may be used to pay transportation costs for out of state trips or direct educational program costs. Transportation costs include airfare, bus fare, car fare, etc. related to transportation to/from the out-of-state destination and the transportation costs for the school sponsored activities during the trip. Direct educational program costs include admission tees for visits which are part of the program (e.g. museum).

District funds may NOT be used to pay for non-travel pupil expenses for out of state trips. Non-travel pupil expenses include meals, sundries, lodging, etc.

If you want to use District funds to pay for non-travel pupil expenses on an out of state trip, you must first obtain approval for a waiver of Education Code 35330 from the OUSD Board of Education and the State Board of Education.

Amount of District funds to be used for	or trip costs will be \$	0	
Funding source for the trip will be	General Funds	Restricted funds	No District funds will be used
	Resource #:	91/00	

Page 2 of 5

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



Site: OIHS

oite.
Teacher Supervising Trip: Sailaja Suresh
Destination: National Memorial for Peace and Justice
Date of Departure:

PROGRAM/ADMISSION COSTS

Total Cost of Program	n/Admission: \$	350 Sour	ce: 🔲 General Funds	Restricted	🔀 No District Funds
Cost per stud	ent: \$10	Cost per adult: \$	10		
Org. Key	Object #	Resource #	Amount	Reg #	PO #
	5829	9100	350		
	5829				

TRANSPORTATION/CHARTER BUSES

Note: If buses will be used, the approved bus company list is located on the Intranet with the Field Trip information.

Bus Company: Walker Charter Services

of buses ordered: _____ Size of bus ordered: _____ Wheelchair accessible needed? _____

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

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

HEALTH CONDITIONS/MEDICATION

Will there be any stude	ents participating in the field trip with the following conditions?	Yes: 🔲	No: 🔀
Severe Allergy	Student has an Epi-pen at school Student has an inhaler at school		
 Diabetes Seizures 	Student has medication at school Student has medication at school		
 Sickle Cell Anemia Other condition(s): 	Student has medication at school	Student h	as medication at school
Will any students need	l medications during the trip? Yes: 🔲 No: 🔀		

If the answer is yes, please fax the attached Health Services Notification Form to 879-4605.

CERTIFICATES OF INSURANCE

Facility/Program Insurance: Attach copies of Proof of Insurance **from** all private vendors (except publicly owned and operated).

District Insurance: Has vendor requested that OUSD provide a certificate of the District's insurance? Yes: No: If yes, attach the written requirements provided by the Facility. (Once the Certificate of Insurance is prepared, it will be faxed to the contact person at the facility and the school site contact. The original certificate will then be sent to the school site contact and will be given to the facility if required.)

OFFICE OF ACCOUNTABILITY PARTNERS

If restricted funds are used for this field trip/excursion, Office of Accountability Partners approval is required to ensure compliant use of resources and alignment with the Single Plan for Student Achievement (SPSA). List the relevant SPSA Tracking Numbers to indicate alignment.

SPSA Tracking #:_

- 1. Attach a copy of the site plan, if modified. Modified SPSA Date:
- 2. Documentation of the follow up activities is to be maintained at the site for State and Federal compliance review.



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

Site: OIHS

Teacher Supervising Trip: Sailaja Suresh

Destination: National Memorial for Peace and Justice Date of Departure:

APPROVAL OF REQUEST	Signaturo	Check One		Date	
APPROVAL OF REQUEST	Signature	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 	Curreyes	10/18/1	\$		
Network Superintendent Trip purpose, transportation, and funding are appropriate Organization(s) involved in the trip have expertise in operating student trips	Ba	10/31/18		10/3/18	
Office of Accountability Partners (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) 					

APPROVAL OF TRIP	Signature	Check One		Date	
AFFROVAL OF TRIP	Signature	Approved	Denied	Denied	
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	inferges	10]181	15		
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					



Site: OIHS

	_
Teacher Supervising Trip: Sailaja Suresh	
Destination: National Memorial for Peace and Justice	_
Date of Departure:	

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

- "OUSD Student Out of State Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
 - "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.
 - OUSD Fingerprint and TB risk assessment per OUSD AR 1240 have been obtained for all non-District employee chaperones.
 - No student has been prevented from making a trip due to lack of sufficient funds.
 - No District funds will be used to pay for "pupil expenses" on out of state trips unless waiver of Education Code 35330(b)(3) is granted by OUSD Board of Education and the State Board of Education. Pupil expenses include meals, sundries, lodging, etc. (District funds may be used to pay transportation costs or direct educational program costs.)
 - Meeting held for staff, noncertificated adults, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions as required by OUSD AR 6153. Meeting date:
 - Health Conditions/Medication: School nurse or Health Services has been consulted at least two weeks prior to any field trip. Trip participant health information has been gathered and reviewed and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (e.g., food allergies). A plan has been developed by a school nurse to collect, secure, and dispense prescription medications from their original containers and consistent with physician's instructions. (See OUSD AR 5141.21)
 - Supervision is by certificated personnel and assisted by other school employees, parent(s)/guardian(s), or other authorized chaperones who are at least 21 years old. Site Administrator and Teacher/lead trip staff are satisfied all chaperones are willing and able to perform required duties, including understanding and implementing instructions, understanding health information for students in their group and responding effectively in the event of an emergency.
 - Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
 - Sleeping arrangements and night supervision are safe and appropriate.
 - Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones). At least one adult has current First Aid/CPR training.
 - Confirm that: (1) arrangements have been made for use of a vehicle in event of illness or emergency and (2) students received instruction in safe conduct on bus or other transport.
 - OUSD Declaration of Driver form completed and signed by driver and registered owners of any private vehicles used on trip and copy of proof of insurance and California driver's license are on file and secured at school site. The same forms may be used for multiple trips or for entire school year as long as insurance proof on file is updated. This requirement does not apply to licensed bus companies on the District's approved bus list or for public transportation entities, airlines or AMTRAK.
 - Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
 - Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



FIELD TRIP/EXCURSION INFORMATION DESTINATION OUTSIDE OF CALIFORNIA

(to be kept by Parent/Guardian)

TO BE COMPLETED BY TEACHER

School or Center:Oakland Ir	nternational High School
Destination: National Memory Address: 417 Caroline St, N	
Departure - Date:	Time: Place of Departure:
Return - Date:	Time: Place of Return:
Name(s) of Classroom Teache	ice and Unity Grant Recipients Loraine Woodard, Madenh Hassan, Andrea Negrete, Aparna Badithe, Daniel Yoo, er(S): <u>Mallon Moser, Alvesa Kronick, Rafael Silva, Sailaia Suresh</u>
Teacher Supervising Trip:	510-277-2896
Emergency Contact # During) Trip:
The field trip will involve the following: (Describe activities and itinerary): (Swim/water activities permission required)	2/16 Visit to the National Memorial for Peace and Justice 2/17 Visit to the National Museum for Peace and Justice, Rosa Parks Museum 2/18 Visit to the First White House of the Confederacy
Mode(s) of transportation:	
Student needs to bring:	Valid Government ID Card Comfortable shoes for walking Overnight bag with clothes and toiletries

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



OAKLAND UNIFIED SCHOOL DISTRICT Community Schools, Thriving Students

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/so	n/ward		
to participate in a field trip on Date(s): _	2/15/2019	to 2/18/2019	ient – please print)
to:	ice in Montgome	ry, AL	
Emergency Number(s) for Parent/Guardia	an: 1	2	3
Alternate Emergency Contact Name:		Phone Nu	mber(s):
Student Health Conditions			
 Severe Allergy to: Asthma Student has an inhaler a Seizures Student has medication Other condition(s): 	at school	Sickle Cell Anemia	 Student has an Epi-pen at school Student has medication at school Student has medication at school Student has medication at school
Medications needed during the school da	y:	<u> </u>	·
Medications needed after school hours: _			
Special Instructions:			
	blood sugar, or	allergic reaction along w	cy medication available to school staff ith a Severe Allergy/Asthma Action plan re information.
Health Insurance Plan Name:		Subscriber	/Policy No.
Swim/Water Activities Permission permission for your daughter/son/ward to			re a part of the field trip, do you give No
My child's swimming ability is (check	one): Beginner _	Intermediate	Advanced
Authorization to treat minor: In t permission to the School staff to secure p			
Notice of Waiver of All Claims : I any school district, charter school, and/or by reason of the out-of state field trip or	the State of Cali	ifornia for injury, acciden	
Parent or Guardian Signature	Print N	ame	Date
FOR HIGH SCHOOLS ONLY: With permis meet at and/or leave from the destination of to arrive at or leave the destination on his/h may occur.	n his/her own. Ple	ase check below if you gra	nt permission to your high school student
My high school student has my permis	sion to arrive at ar	nd/or leave the destination	on his/her own: arrive leave
Parent or Guardian Signature	Print	Name	Date
the second se	The second se		



OAKLAND UNIFIED SCHOOL DISTRICT

- -

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

- -

- -

TO BE COMPLETED BY CHAPERONE

T ł	ave read and understand	the trip information n	naterials and hereb	y agree to
I,, h (Name of Adult) participate in the field trip or excursion on	2/45/2010	through	2/18/2019	to
National Memorial for Peace and Justice				
	(Destination)			
1. I understand that my participation in provided by supervising teacher/coach of students. I understand that I must	and I will comply with all	District requirements	agreed I will follow i pertaining to the cl	nstructions haperoning
2. I understand that no insurance is pro	vided by the Oakland Unif	ied School District for	this field trip/ excu	ursion.
□ Swim/Water Activities Participation - to participate in these activities as needed?		r activities are a part	of the field trip, do	you agree
My swimming ability is (check one): I	do not swim Begi	nner Interme	ediate Adva	inced
Authorization to treat: I hereby give perm	ission to the School staff t	o secure proper treat	ment for me.	
Notice of Waiver of All Claims: I hereby and/or the State of California for injury, accid or excursion. (Education Code Section 35330	ent, illness or death occur	y claims against any ing during or by reas	school district, char on of the out-of sta	ter school, te field trip
Adult Participant Phone Numbers: Cell:	Home:		Work:	
Emergency Contact Person:				
Emergency Contact Numbers: 1	2			
Adult Participant's Critical Medical Needs/Med	lications/Allergies/Conditio	ns:		
Health Insurance Plan Name:	Sul	oscriber/Policy No		
Date: Adult Par	ticipant Signature:			
	Print Name:			

¹ For more information, see <u>http://ousd.org/volunteers</u>. For questions, email <u>volunteers@ousd.org</u>.

Adult Participant Out of State Field Trip Chaperone Agreement.docx