Board Office Use: Le	gislative File Info.
File ID Number	20-0134
Introduction Date	2/12/20
Enactment Number	20-0217
Enactment Date	2/12/2020 lf



Memo

Subject	Approval of Request for Student Travel
Meeting Date	February 12, 2020
From	Kyla Johnson-Trammell, Superintendent
То	Board of Education

Action Requested	Approval of Board Resolution No. <u>1920-0183</u> authorizing student travel by school site Life Academy		
	to Puerto Rico		
	for the period of <u>March 27, 2020</u> through <u>April 3, 2020</u>		
Itinerary and activities	 A provide the restored of the second of the secon		
Educational Purpose of Trip			
Teachers Attending Trip	Hilary Walker, Rodrigo Sandoval-Perez, Antonio Vasquez		
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 \$ 29,000.00 Funding source for the trip will be: General Purpose No District funds will be used Resource Code:		

Board Office Use: Le	gislative File Info.
File ID Number	20-0134
Introduction Date	2/12/2020
Enactment Number	20-0217
Enactment Date	2/12/2020 lf

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

Resolution No. 1920-0183

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	March 27, 2020	through	April 3, 2020
to	Puerto Rico			

by Airplane

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: Life Academy

Destination: Puerto Rico

March 27, 2020 Departure Date:

April 3, 2020 Return Date:

Passed by the following vote:

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

NAYS: None

ABSTAINED: None

ABSENT: Student Directors Mica Smith-Dahl and Denilson Garibo

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 <u>February 12, 2020</u>.

Jef. Bf-have Bv:

Kyla Johnson-Trammell, Superintendent Secretary, Governing Board



OUT-OF-STATE FIELD TRIP/EXCURSION REQUEST

Kim Powell, Risk Mgt.

This packet is available on the Intranet (School Operations Library) as a fillable-saveable pdf file. If typed, similar fields will populate throughout the packet making it quicker and easier to complete.

- 1. Requests must be submitted to Network Superintendent no later than 120 days prior to departure
- 2. Board approval is required for all out of state trips.
- 3. Return Health Services Notification Form to the School Nurse or Health Services at the time you are requesting approval for a field trip
- 4. Use of Restricted Funds requires additional approval by Office of Accountability Partners
- Obtain fingerprint clearance and complete TB risk assessment (requirements per OUSD AR 1240) for all non-District employee chaperones. (Arrange through <u>ousd.org/volunteers</u> or email <u>volunteers@ousd.org</u>. Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years.)
- 6. Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153
- 7. Check the Pre-Approved Vendor List for contract and insurance requirements
- 8. Out-of-state trips have a bifurcated approval system (1) to approve the request and (2) to approve the trip since not all information for the trip approval may available by the deadline for the request. When possible, submit the required 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:

Life Academ School or Center:	У		·····	Site Number:	335
Puerto Rico Destination:				<u></u>	
	included in the trip itin	erarv attac	hed		
	(trip lead Hil	iary Walke			
Departure - Date:	Time:	A.M.	Place of Departure:		
Return - Date:	Time:	P.M.	Place of Return:		
Class(es)/Group Attending:	Life Acadmey studen	_			
	w Walker Rodrigo S	andoval_Pe	# of Adults: arez, Antonio Vasquez		
Teacher Supervising Trip:					
Emergency Contact # During	Trip:				
Supervising Teacher's Email A	Address				· · · · · · · · · · · · · · · · · · ·

Date:

Risk Mat	'lleword	min
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Kim Powell, Risk Mgt.	CHERTRANS CONTROL TELP/ENCONTROLOGY	CHERTON STALLESS TORCE COLOURS TORCE COLOURS COLOURS	
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Life Academy Experiential Learning Trip in Environmental Science and Public/Community Health In Puerto Rico March 27 - April 3, 2020

Trip Leaders: Hillary Walker, Rodrigo Sandoval-Perez, Antonio Vasquez

Travel	Key Locations, Activities and Rationale	Lodging /Location	Contact Information
H A	Arrive in San Juan Travel to Manuf on public busses Check-in to Explore San Juan in group Dinner with group		
San Juan	Visit the University of PR Medical School & Arboretum Parque Dona Ines Botanical Garden		
	School of Medicine visit will focus on long and short-term health concerns for youth in Puerto Rico (pathology and pediatrics) as well as systems of smaller community health centers.		
	Botanical Garden visit will focus on rehabilitation of the collection of plants post-Hurricane Maria (in conjunction with other botanical gardens). The garden offers guided tours, with an emphasis on research, ethnobotany, plant breeding.		
	Dinner with group		

r		
Humacao	Visit La Marana This visit will focus on sustainability, particularly through the lens of community health and service projects in Carolina, Humacao and Comerio. Students will look at community-driven improvement projects in rural and urban communities and consider the health impacts of their Imaginacion Post-Maria initiatives. Dinner with hosts	
	Visit Bioluminescent Bay,	
	El Yunque Rainforest	
	Visits will include guided tours, with a	
	focus on the biodiversity of the rainforest and bay, discussions of impact of climate	
	change, and the potentials/pitfalls of ecotourism.	
		1
		1
		1
Cueva Ventana	Camuy Caves and Arecibo Observatory day trip	
and Arecibo Observatory	Visit underground river systems (if	
from San Juan	re-opened- closed after Hurricane Maria). At the observatory, visit will	
	include the atmospheric science exhibits and observation deck.	
	Alternative:	
	Visit a working coffee farm. Emphasis on agriculture and responsiveness.	

Vieques Travel to island of Vieques on Ferry from Ceiba. Vieques is site of naval testing and environmental destruction. Students will visit the national wildlife refuge, home to hundreds of species of birds. We will meet with local organizers of emergency preparedness teams to discuss what they are implementing and its applicability to Oakland. The group will also discuss the superfund site and possibility for cleanup. Leave Vieques and take ferry to mainland. Take public bus back to San	
Juan. Arrive 9pm at Hostel.	

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Site Life Academy

Site	
Teacher Supervising Trip: Hillary Walker	
Destination: Puerto Rico	
Date of Departure:	

Describe itinerary and activities: (X Trip will include swim or water activities)	Please see attached itinerary which includes Dates, Key Locations, Addresses and Contact Info, Activities and Rationale
Names of teachers and staff attending trip:	Teachers: Hillary Walker, Rodrigo Sandoval-Perez, Antonio Vasquez Staff:
Describe mode of transportation for each leg of the trip:	The group will take a flight from and the second s
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:	Life Acadmey has three strands within our Health & Bioscience pathway programming: Medical, Biotechnology and Public Health. This spring break trip to Puerto Rico will focus on public health in the region, exposing students to the variety of work done under the umbrella of public health in order to achieve sustainable health equity in Puerto Rican communities. Life Academy's mission is to prepare youth to wor in healthcare and public health fields and this opportunity

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 fees 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 f	or trip costs will be \$	29,000	
Funding source for the trip will be:	General Funds	Restricted funds	No District funds will be used
	Resource #:	9333	

Overnight Field Trip/Excursion Request Form

Page 2 of 5

Legal Rev.7/28/17

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



Site: Life Academy

Teacher Supervising Trip: Hillary Walker	
Destination: Puerto Rico	
Date of Departure	

PROGRAM/ADMISSION COSTS

Total Cost of Program/Admission: \$	14,000	Source: 🗌 General Funds	Restricted	No District Funds
Cost per student: \$666	Cost per adu	lt: \$ <u>666</u>		

Org. Key	Object #	Resource #	Amount	Reg #	PO#
	5829				
	5829				
				the second s	

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 Air Travel (Galaxy Travel)

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

Cost of transportation: \$_____15,000 _____ Source:
General Funds
Restricted Funds
No District Funds

Org. Key	Object #	Resource #	Amount	Reg #	PO#
010	5826	9333	\$17,484.00		
	5826	9333	\$6,565.00		

HEALTH CONDITIONS/MEDICATION

Will there be any stude	ents participating in the field trip with the following conditions?	Yes: 🔲	No: 🔀
Severe Allergy Asthma Diabetes Seizures	 Student has an Epi-pen at school Student has an inhaler at school 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	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: X 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 #: Line items in plan: #26 and #28

- 1. Attach a copy of the site plan, if modified. Modified SPSA Date: 11/20/2019
- 2. Documentation of the follow up activities is to be maintained at the site for State and Federal compliance review.



Site: Life Academy

Teacher Supervising Trip: Hillary Walker Destination: Puerto Rico

Date of Departure:

	APPROVAL OF REQUEST	Signature	Chec	k One	Deta
		oignature	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	CSB	./		11/25/19
	 Network Superintendent ✓ Trip purpose, transportation, and funding are appropriate ✓ Organization(s) involved in the trip have expertise in operating student trips 	Ju M	\checkmark		12/9/19
A	Office of Accountability Partners (if restricted funds) Compliant use of resources and in alignment with school site plan (SPSA) Risk Management	haver gimes			12/20/19
	 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) 	het	V		Biber

APPROVAL OF TRIP	Signature	Chec Approved	k One 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	afB		/	11/25/19
Risk Management) Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver Notify Site of Trip Approval once approved by Superintendent	Add	V		B 2870
Superintendent Approve/disapprove trip Returns Request Form to Risk Management	Soldi	J		1/14/2020



Site:	Life	Aca	demy
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Teacher Supervising Trip: Hillary Walker Destination: Puerto Rico 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.)

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



OUT OF STATE FIELD TRIP

HEALTH SERVICES NOTIFICATION FORM

TRIP INFORMATION:						
Life Academy School or Center:					Site Number:	335
Puerto Rico Destination:						
Departure - Date:	Time:	A.M.				
Return - Date:	Time:	P.M.				
Class(es)/Group Attending:	cadmey stude	8 7 3	12			
9-12 Grade(s): # Hillary Wa	of Students:	18	# of Adults:	3		
Teacher Supervising Trip:			_			
Supervising Teacher's Email Addres	ss:					
HEALTH CONDITIONS/MEDICATIO	DN:					
Will there be any students participat	ing in the field	d trip with the	e following con	ditions? Ye	s: 🗌 No: 🕅	
Severe Allergy Student h Asthma Student h Diabetes Student h Seizures Student h Sickle Cell Anemia Student h Other condition(s):	as an inhaler as medicatior as medicatior as medicatior	at school n at school n at school n at school		Stu	udent has medication a	t school
Will any students need medications of	during the tri	p?Yes: 🗌	No: 🔀			
If the answer to any of these questio	ns is yes, ple	ase fax this	form to 879-4	605.		

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by student's parent/guardian and doctor. See your School Nurse/Health Services for more information.



FIELD TRIP/EXCURSION INFORMATION DESTINATION OUTSIDE OF CALIFORNIA

(to be kept by Parent/Guardian)

TO BE COMPLETED BY TEACHER

School or Center:

Destination: Puerto Rico Address: Various addesses a	s detialed in the trip itir	nerary (please	e see attached itinerary)
Departure - Date:	Time:	DM	Place of Departure:
Return - Date: Class/Group Attending: Name(s) of Classroom Teacher Teacher Supervising Trip: Emergency Contact # During	dents selected via app hillary.walker, ro er(s): ary Walker	lication/inter	
The field trip will involve the following: (Describe activities and itinerary): (□Swim/water activities permission required)	Students will be taking	g part in a stu co. Each da	dy trip and interacting with various public and environmental health y is detailed at length in the itinerary attached
Mode(s) of transportation:	Flight to San Juan, wi	hile in Puerto	Rico ferry, trolly and bus
Student needs to bring:	will be 8-10). Studen	ts should brin	lightly and this will be reviewed in pre trip meetings (of which there ng personal toiletries, clothing for a warm climate, rain jackets, ers and any money for personal purchases (souveniers, etc)

<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>.



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 p	permission for my daughter/son/ward		
to participa to:	te in a field trip on Date(s): Rico	ftime of Star	dent – please print)
		2.	3
			mber(s):
	nt Health Conditions		
AsthmaSeizures	Ilergy to: □ Student has an inhaler at schoo □ Student has medication at scho ndition(s):	ol 🛛 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
	needed during the school day:	· · · · · · · · · · · · · · · · · · ·	
	needed after school hours:		
	ructions:		······
All stude in the e	ents with asthma, diabetes, and seve	re allergies should have emergenc sugar, or allergic reaction along wi	y medication available to school staff th a Severe Allergy/Asthma Action plan e information.
Health Insu	rance Plan Name:	Subscriber/	Policy No.
Swim/ permission f	Water Activities Permission – If s for your daughter/son/ward to partici	wimming and/or water activities a pate in these activities? Yes	re a part of the field trip, do you give No
	's swimming ability is (check one): B		
Author	ization to treat minor: In the ever o the School staff to secure proper to	it that I. or other parent/ouardian.	cannot be contacted. I bereby give
Notice any school c	of Waiver of All Claims: I hereby	knowingly waive all of my and my ate of California for intury, accident	daughter's/son's/ward's claims against
Parent or Gu	ardian Signature	Print Name	Date
to arrive at may occur.	or leave the destination on his/her own.	own. Please check below if you grant Under this option, OUSD and the Scho	Dermission to your high echool chudoot
Parent or Gu	ardian Signature	Print Name	Date

	OAKLAND UNIFIED SCHOOL DISTRICT Community Schools, Thriving Students
ALL CALL	Community Schools, Innving Students

DECLARATION OF DRIVER	
Driver Name: COCNID Jon do Val-Pever	
School or Center: Life Adarbam	
Teacher:School Year: 200	1-2020
The driver and registered owner who sign(s) this form assure(s) the Oakland Unified Sch District as follows:	and the second se
1. That the driver is at least 21 years of age and holds a current valid California driver's license.	
 That the driver has not been convicted of reckless driving or driving under the influence of dr alcohol within the past five years. 	ugs or
 That the vehicle described below is insured by Insurance (with policy limits of at least \$100,000 per individual and \$300,000 per occurrence for liability injury; and \$50,000 per occurrence for liability for property damage. 	Company for bodily
Policy No.: Policy expiration date:	
4. That Oakland Unified School District may confirm the above by telephone or written communi	cation to
the insurance agent listed below:	
Name of Insurance Agent	
ule insurance agent listed below:	
Name of Insurance Agent	enersikle
Telephone Number of Insurance Agent Name of Insurance Agent Telephone Number of Insurance Agent Address of Insurance Agent 5. That the driver and registered owner understand that Oakland Unified School District is not refor accidents or injuries that may occur and provides no insurance coverage whatsoever for the driver, passengers or others.	sponsible ne vehicle,
Telephone Number of Insurance Agent Name of Insurance Agent Telephone Number of Insurance Agent Address of Insurance Agent 5. That the driver and registered owner understand that Oakland Unified School District is not refor accidents or injuries that may occur and provides no insurance coverage whatsoever for the driver, passengers or others.	sponsible ne vehicle, all times.
Interinsurance agent listed below: Name of Insurance Agent Name of Insurance Agent Telephone Number of Insurance Agent Address of Insurance Agent Address of Insurance Agent That the driver and registered owner understand that Oakland Unified School District is not refor accidents or injuries that may occur and provides no insurance coverage whatsoever for the driver, passengers or others. That the driver will ensure that all passengers use safety belts or appropriate child car seat at 7. That the vehicle meets all safety requirements and that the driver has received a copy and will the "Driver Instructions" on page 2 of this form. Year Make	sponsible ne vehicle, all times. Il follow
Image: Telephone Number of Insurance Agent Name of Insurance Agent Telephone Number of Insurance Agent Address of Insurance Agent 5. That the driver and registered owner understand that Oakland Unified School District is not refor accidents or injuries that may occur and provides no insurance coverage whatsoever for the driver, passengers or others. 6. That the driver will ensure that all passengers use safety belts or appropriate child car seat at 7. 7. That the vehicle meets all safety requirements and that the driver has received a copy and will the "Driver Instructions" on page 2 of this form.	sponsible ne vehicle, all times. Il follow

I certify that the information provided on this form is true and correct and that driver has consent to use above vehicle to drive Oakland Unified School District students on above field trip or excursion.

Date	Registered Owner Name		
		Signature of Registered Owner (if different from driver)	
Attach a pho	bocopy of driver's license and c	urrent insurance card or declarations page	
OUSD Declaration of Legal Revision 7/19		Page 1 of 2	
color receiptor 117:	/10	(0)	0100

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Last Name	First and Middle (if applicable)	Gender Please enter (M or F)	DOB MM/DD/YYYY Example 01/31/1970
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MEASURE N JUSTIFICATION FORM

OVERVIEW

In order to expend Measure N funds, the expenditures must meet the 5 criteria below:

- 1. Be Incorporated in the Measure N Education Improvement Plan that was approved by the Measure N Commission and the OUSD Governing Board
- 2. Align to the purpose of the Measure N initiative
- 3. Incorporate all four pillars of Linked Learning and logically lead to the Measure N Outcome Goals
- 4. Be aligned to the permissible uses outlined
- 5. Not supplant existing programs, positions, or expenditures at the school site that were previously supporting the Measure N Goals and Outcomes or overall school programming

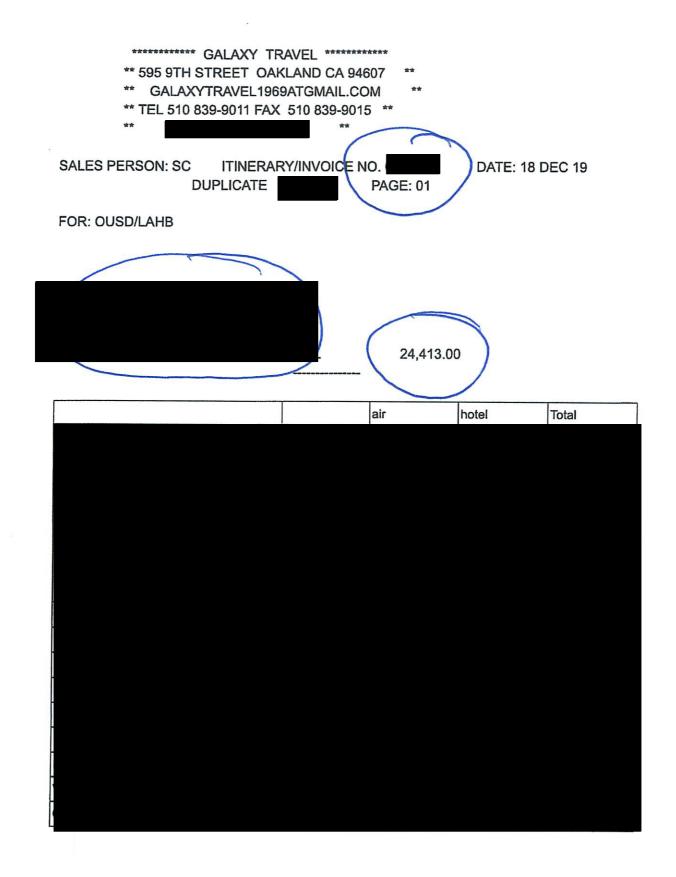
Please use this form for all non-Escape requests to ensure proper justification is provided for the review process as outlined in this guide.

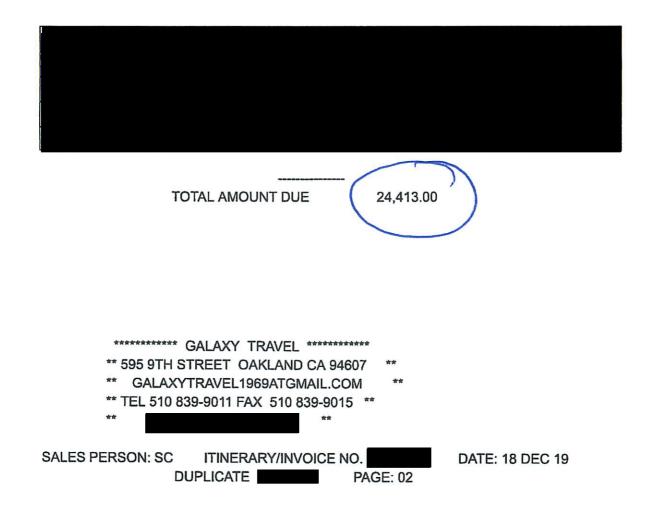
Date:	12/1/2019
Site Name & Number:	Life Academy 335
Pathway Name:	Health & Bioscience

Specific Expenditure or Service Type:	Ludging & transportation for pathway trip (Public Health) to Pierto Rico for 20
How is this specific expenditure or service type aligned to pathway development?	Atademy student (approved in Vopan lines 26 020) Orving students access to a research based travel experience will deepen their understanding case of the public health field, increasing the liftihood of students furthering
Why is this specific expenditure or service type needed?	Their education in the health field. Students need transportation to Poerto Rico & lodging while there

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DUPLICATE PAGE: 03

DATE: 18 DEC 19

THANK YOU FOR CALLING GALAXY TRAVEL

PLEASE CALL US AGAIN - SHIRLEY

PLEASE RECFM ALL FLTS 72 HRS BEFORE RETURN PRICES, TAXES AND FUEL SURCHARGES ARE SUBJECT TO CHANGE UNTIL TICKETED PLEASE PURCHASE ADEQUATE TRAVEL INSURANCE FOR INTERNATIONAL TRAVEL, PASSPORT WITH 6 MONTHS VALIDITY IS RECOMMENDED THE TRAVELLER IS RESPONSIBLE FOR ANY VISA REQUIREMENTS **ON INTERNATIONAL TRAVELS** PLEASE VERIFY LEGAL NAMES. YOUR FIRST/LAST NAME MUST MATCH YOUR PASSPORT PLS REVIEW THE TRAVEL ITINERARY AND INV PRICE CAREFULLY AFTER YOUR TICKETS ARE ISSUED, CHANGE FEE, CANCELLATION FEE WILL APPLY **PROCESSING FEE FOR PUBLISHED AIR TICKETS IS 50.00** PER PERSON CHANGE FEE, REISSUE FEE AND CANCELLATION FEE IS 50.00 PER PERSON PER TRANSACTION PLEASE ACKNOWLEDGE THAT YOU HAVE REVIEW THE ABOVE AND UNDERSTAND THE TERMS AND CONDITIONS LISTED BY SIGNING BELOW

TOTAL PRICE IS 24413.00