

| Board Office Use: Legislative File Info. | |
|--|--------------|
| File ID Number | 24-0220 |
| Introduction Date | 2/14/24 |
| Enactment Number | 24-0317 |
| Enactment Date | 2/14/2024 er |



Board Cover Memorandum

To Board of Education

From Sondra Aguilera, Acting Superintendent
Rebecca Huang, Principal, Skyline High School
Awele Makeba, Teacher, Skyline High School

Meeting Date February 14, 2024

Subject Approval of Request for Student Travel

Action Requested Approval of Board Resolution No. 2324-0016 authorizing student travel by school site Skyline High School to the Broadway Student Summit, New York, New York, for two students, 11th and 12th Grades, for the period of February 15, 2024 through February 19, 2024.

Educational Purpose of Trip Work-Based Learning: College – Career Exploration Standard: Adv.TH:Pr5 & SEL –Acting Technique: Learn to prepare scenes and monologues, text analysis and collaboration. Learn how to look at a scene with the tools to investigate the various foundational techniques.

-Musical Theatre Technique: Taught by a Broadway Director, a guest performer and a pianist, this class explores the Broadway audition process, offering a group of volunteer students the opportunity to perform a song and work on interpretation and technique in front of the class.

-Vocal Class with a Broadway musical director.

Broadway Dance Audition: Step into the chorus line as a Broadway dance captain teaches you a combination from a Broadway show and takes you through the Broadway dance audition experience.

-Path To Broadway: Meet 3 performers currently working on Broadway, who will share their experiences, advice and sing their audition songs + Shaping Creative Truth.

Itinerary and Activities





Teachers Attending Trip

Awele Makeba
(No staff – only two advanced student participants (11th and 12th Grade))

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

No Fiscal Impact

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**RESOLUTION
OF THE
BOARD OF EDUCATION
OF THE
OAKLAND UNIFIED SCHOOL DISTRICT**
Resolution No. 2324-0016

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 February 15, 2024 to February 19, 2024.

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: Skyline High School

Destination: Broadway Student Summit, New York, New York

Departure Date: February 15, 2024

Return Date: February 19, 2024

Passed by the following vote:


AYES: Jennifer Brouhard, VanCedric Williams, Jorge Lerma, Clifford Thompson, President Benjamin Davis

NAYS: None

ABSTAINED: Valarie Bachelor

ABSENT: Vice President Mike Hutchinson, Anevey Cruz (Student Director) Vida Mendoza (Student Director)

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 on February 14, 2024.

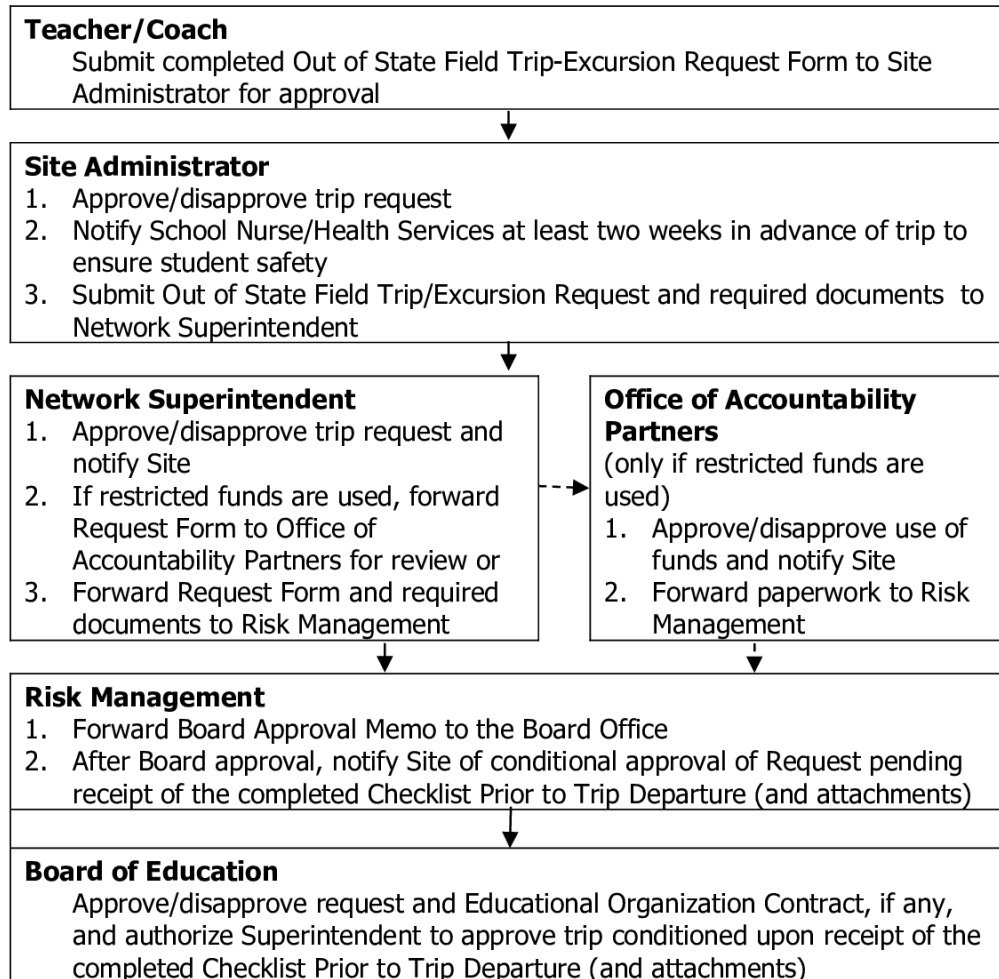
By: 

Kyla Johnson-Trammell
Secretary, Board of Education

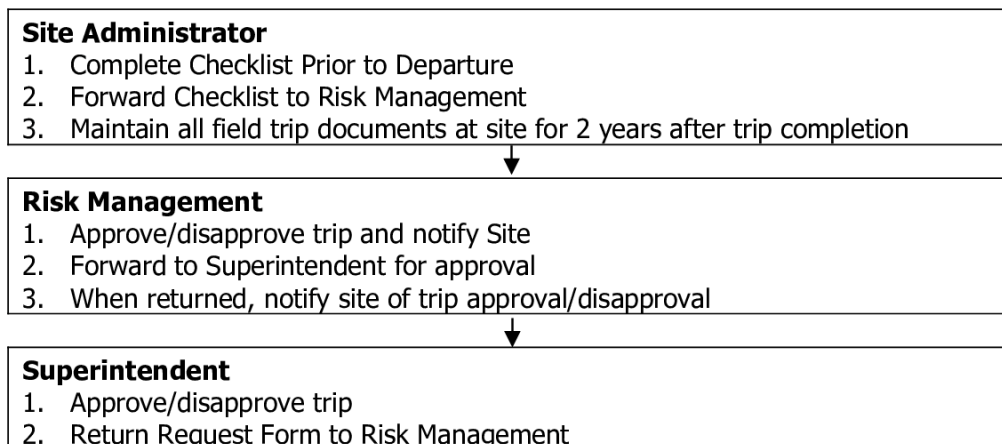


OUT OF STATE FIELD TRIPS APPROVAL PROCESS

REQUEST APPROVAL:



TRIP APPROVAL:





OUT-OF-STATE FIELD TRIP/EXCURSION REQUEST

Basic Directions

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
5. Obtain fingerprint clearance and complete TB risk assessment (requirements per OUSD AR 1240) for all non-District employee chaperones. (Arrange through ousd.org/volunteers or email volunteers@ousd.org. 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 | <input type="checkbox"/> Copy of program/vendor information describing vendor and scheduled activities <input type="checkbox"/> All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract <input type="checkbox"/> Certificate of insurance from all private vendors: Program (attach copy unless publicly owned and operated) Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn) <input type="checkbox"/> Board Approval Memo and Board Resolution |
| Required Documents for Trip Approval | <input type="checkbox"/> "Checklist Prior to Trip Departure" <input type="checkbox"/> List of students and adults attending trip <input type="checkbox"/> "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle |

TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center: Skyline Site Number: 306

Destination: [REDACTED]

Address: [REDACTED]

Phone or Contact Info: T: (917) 673-6082

Departure - Date: 02/15/2024 Time: 10:45 PM Place of Departure: [REDACTED]

Return - Date: 02/19/2024 Time: 12:07 PM Place of Return: [REDACTED]

Class(es)/Group Attending: Professional Drama Honors CTE - immersive weekend:Broadway Behind the Scenes, Career

Grade(s): 11-12 # of Students: 2 # of Adults: 1

Teacher Supervising Trip: Awele Makeba (Trip Date Options; 2/15-19 Presidet's BD weekend or 4/27-28 weekend)

Emergency Contact # During Trip: [REDACTED]

Supervising Teacher's Email Address: awele.makeba@ousd.org & awele@awele.com



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

Site: _____

Teacher Supervising Trip: _____

Destination: _____

Date of Departure: _____

| | |
|---|--|
| <p>Describe itinerary and activities:</p> <p>(<input type="checkbox"/>) Trip will include swim or water activities) No</p> | <div style="background-color: black; width: 100%; height: 100%; min-height: 150px;"></div> |
| <p>Names of teachers and staff attending trip:</p> | <p>Teachers: Awele Makeba</p> <p>Staff: N.A. only 2 advanced student participants (11th & 12th gr)</p> |
| <p>Describe mode of transportation for each leg of the trip:</p> | <p>SFO to EWR Roundtrip EWR Train to PENN Station, Roundtrip LYFT to Hotel Edison Sat/Sun, LYFT to Chelsea Studios, Roundtrip to Hotel Edison *** **Friday, 2/16, LYFT to Columbia University, Friday, walking tour on campus**</p> |
| <p>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:</p> | <p>Work-Based-Learning: College-Career Exploration - Standard: Adv.TH:Pr5 & SEL ACTING TECHNIQUE: Learn to prepare scenes and monologues, text analysis and collaboration. Learn how to look at a scene with the tools to investigate the various foundational techniques. MUSICAL THEATRE TECHNIQUE: Taught by a Broadway Director, a guest performer and a pianist, this class explores the Broadway audition process, offering a group of volunteer students the opportunity to perform a song and work on interpretation and technique in front of the class. VOCAL CLASS with a Broadway musical director. BROADWAY DANCE AUDITION: Step into the chorus line as a Broadway dance captain teaches you a combination from a Broadway show and takes you through the Broadway dance audition experience. PATH TO BROADWAY: Meet 3 performers currently working on Broadway, who will share their experiences, advice and sing their audition songs + Shaping Creative Truth</p> |

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 for trip costs will be \$ 0

Funding source for the trip will be: General Funds Restricted funds No District funds will be used

Resource #: _____

| Fund | Resource | Year | Goal | Function | Object | Site | Manager | Program | LCAP | Optional |
|------|----------|------|------|----------|--------|------|---------|---------|------|----------|
| | | | | | | | | | | |



Site: _____

Teacher Supervising Trip: _____

Destination: _____

Date of Departure: _____

PROGRAM/ADMISSION COSTS

Total Cost of Program/Admission: \$ 0.00 Source: General Funds Restricted No District Funds

Cost per student: \$ 0 Cost per adult: \$ 0

| Fund | Resource | Year | Goal | Function | Object | Site | Manager | Program | LCAP | Optional |
|------|----------|------|------|----------|--------|------|---------|---------|------|----------|
| | | | | | | | | | | |

TRANSPORTATION/CHARTER BUSES [Click here for approved bus company list](#)

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

Bus Company: N.A.

of buses ordered: _____ Size of bus ordered: _____ Wheelchair accessible needed? No

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

Resource #

| Fund | Resource | Year | Goal | Function | Object | Site | Manager | Program | LCAP | Optional |
|------|----------|------|------|----------|--------|------|---------|---------|------|----------|
| | | | | | | | | | | |

HEALTH CONDITIONS/MEDICATION

Will there be any students participating in the field trip with the following conditions? No

- Severe Allergy Student has an Epi-pen at school
- Asthma Student has an inhaler at school
- Diabetes Student has medication at school
- Seizures Student has medication at school
- Sickle Cell Anemia Student has medication at school
- Other condition(s): _____ Student has medication at school

Will any students need medications during the trip? 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? 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: _____

Teacher Supervising Trip: _____

Destination: _____

Date of Departure: _____

| APPROVAL OF REQUEST | Signature | Check One | | Date |
|--|---------------------------|-----------|--------|------------|
| | | Approved | Denied | |
| Site Administrator <input type="checkbox"/> Trip aligns with grade level standards <input type="checkbox"/> Trip purpose, supervision plan, transportation, safety parameters and funding are appropriate <input type="checkbox"/> Reviewed agreements/contracts with any facility, program or vendor (attach copies) <input type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips | <i>Rebecca Huang</i> | Approved | | 01/08/2024 |
| Network Superintendent <input type="checkbox"/> Trip purpose, transportation, and funding are appropriate <input type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips | <i>Vanessa Buitrago</i> | Approved | | 01/10/2024 |
| Office of Accountability Partners (if restricted funds) <input type="checkbox"/> Compliant use of resources and in alignment with school site plan (SPSA) | | | | |
| Risk Management <input type="checkbox"/> Business contracts, insurance, safety and policy compliance are sufficient <input type="checkbox"/> Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments) | <i>Rebecca Littlejohn</i> | Approved | | 01/10/2024 |

| APPROVAL OF TRIP | Signature | Check One | | Date |
|--|---------------------------|-----------|--------|------------|
| | | Approved | Denied | |
| Site Administrator <input type="checkbox"/> Forward the completed : (1) Checklist Prior to Trip Departure; (2) list of students and adults attending trip; (3) "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle | <i>Rebecca Huang</i> | Approved | | 01/08/2024 |
| Risk Management) <input type="checkbox"/> Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver <input type="checkbox"/> Notify Site of Trip Approval once approved by Superintendent | <i>Rebecca Littlejohn</i> | Approved | | 01/10/2024 |
| Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management | <i>Sondra Aguilera</i> | Approved | | 01/10/2024 |



Site: _____

Teacher Supervising Trip: _____

Destination: _____

Date of Departure: _____

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

- RH _____ "OUSD Student Out of State Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
- RH _____ "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.
- RH _____ OUSD Fingerprint and TB risk assessment per OUSD AR 1240 have been obtained for all non-District employee chaperones.
- RH _____ No student has been prevented from making a trip due to lack of sufficient funds.
- RH _____ 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.)
- RH _____ 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: 02/01/2024
- RH _____ 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)
- RH _____ 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.
- RH _____ Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
- RH _____ Sleeping arrangements and night supervision are safe and appropriate.
- RH _____ 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.
- RH _____ 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.
- RH _____ 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.
- RH _____ Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
- RH _____ Site and trip leader has a list of students and adults attending trip.
- RH _____ Staff and students will wear masks while indoors (including transportation) during the trip.
IF MANDATED

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



BROADWAY STUDENT SUMMIT

Dear Parent or Administrator,

Hi. I'm Gordon Greenberg, Co-Artistic Director of the Broadway Teaching Group, Broadway's most comprehensive education program. Each year, we serve thousands of students and educators from around the world, in conjunction with our partners, Playbill and Music Theatre International. Our mission is to connect students with practicing Broadway artists for learning experiences that build their core skills both as artists and as people. In a world where creativity, communication, and collaboration are key to success in any field, these workshops are the spark that opens the door to invention.

As a Broadway director, I work with only the highest quality teaching artists; Broadway performers and creators who have an innate understanding of students and a deeply personal investment in cultivating their imaginations.

Each Broadway Student Summit revolves around an acclaimed Broadway show. Your child will work directly with the Music Director, Dance Captain, Resident Director, and cast members in workshops such as Acting, Dance, Playwriting, Improvisation, and Vocal Performance, learning material from the show they will be seeing and gaining a deeper understanding of the creative process.

Our professional development program for educators, the Broadway Teachers Workshop, began in 2001 and now brings together over 1,000 theatre teachers every summer on Broadway with graduate credit, three weeks of intensive workshops, and an illustrious list of guest artists including Lin Manuel Miranda (*Hamilton*), Stephen Sondheim (*Into The Woods*, *Sweeney Todd*), Chita Rivera (*West Side Story*), Stephen Schwartz (*Wicked*), Bobby Lopez (*The Book of Mormon*), Marsha Norman (*The Color Purple*), Susan Stroman (*The Producers*), to name a few.

The Student Summit was created for those high-level educators to offer their students a similarly inspiring and enriching experience on Broadway. In the past ten years, it has flourished and armed alumni with skills that we believe are as valuable on stage as they are in corporate settings, classrooms or anywhere else their lives may take them.

Your child's teacher is offering students an extraordinary opportunity to spend an immersive weekend with the finest theatre artists in the world. We believe every student has an important story to tell, and we want to help them connect with it - through workshops, engaging with fellow students from around the world, and interaction with Broadway professionals.

If you would like to learn more about Broadway Teaching Group and the Broadway Student Summit, please visit www.broadwayteachinggroup.com. Or, I'd be happy to respond to any personal inquiries about our organization and its mission.

Sincerely,

Gordon Greenberg
Co-Artistic Director

www.broadwayteachinggroup.com

January – June 2023

BROADWAY STUDENT SUMMIT

Daily Schedules*

(*subject to change)

“Our students are still talking about their workshop experience in NYC with the Broadway Student Summit. Of course, we know they will have those memories for a lifetime.”

Todd P.





SAMPLE SCHEDULE*

*subject to change, based on show selection.

DAY ONE

9:30 am – 10:00 am

Registration

10:00 am – 11:15 am

Workshop #1 Acting

11:30 am – 12:45 pm

Workshop #2 Musical Theatre Audition Technique

12:45 pm – 2:00 pm

Lunch (on your own)

2:00 pm – 3:15 pm

Workshop #3 Broadway Dance

3:30 pm – 4:45 pm

Workshop #4: Creativity, Mindfulness & Managing Anxiety

DAY TWO

Pearl Studios: 500 Eighth Avenue (between 35th and 36th Streets), Studio 312

10:00 am – 11:15 am

Workshop #5: Broadway Vocals

11:30 am – 12: 45 pm

Workshop #6: Path To Broadway, Up Close and Personal with Broadway Stars

12:45 pm – 3:00 pm

Lunch (on your own)

3:00 pm

Broadway Performance !

BROADWAY TEACHERS WORKSHOP



BROADWAY STUDENT SUMMIT



BROADWAY TEACHING GROUP

About Us

Contact Us

Privacy Policy



**MUSIC THEATRE
INTERNATIONAL**





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/07/23

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


| | |
|---|---|
| PRODUCER Specialty Advantage Insurance Services 505 North Brand Blvd Suite 1250 Glendale, CA 92103 | CONTACT NAME: GatherGuard Administrator |
| | PHONE (A/C, No, Ext): (844) 747-6240 FAX (A/C, No): |
| | E-MAIL ADDRESS: gatherguard@intactinsurance.com |
| INSURER(S) AFFORDING COVERAGE | |
| INSURER A: Atlantic Specialty Insurance Company | NAIC # 27154 |
| INSURED Broadway Works 84 Washington Street Nyack, NY 10960 | INSURER B: |
| | INSURER C: |
| | INSURER D: |
| | INSURER E: |
| | INSURER F: |

| | | |
|------------------|----------------------------|-------------------------|
| COVERAGES | CERTIFICATE NUMBER: | REVISION NUMBER: |
|------------------|----------------------------|-------------------------|

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
|----------|---|--------------------------------|----------------------|---------------|-------------------------|-------------------------|--|-------------------|------------------------|--------------|
| A | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Includes Host Liquor | X | | GGL027496 | 02/16/2024 | 02/19/2024 | EACH OCCURRENCE | \$ 1,000,000 | | |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 250,000 | | |
| | | | | | | | MED EXP (Any one person) | \$ Excluded | | |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 | |
| | X | | | | | | POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 |
| | | | | | | | OTHER: | | | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | | |
| | OWNED AUTOS ONLY | | SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) | \$ | | |
| | HIRED AUTOS ONLY | | NON-OWNED AUTOS ONLY | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | \$ | | |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB | | | | | | AGGREGATE | \$ | | |
| | DED | | RETENTION \$ | | | | | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE | OTH-ER \$ | | |
| | | Y / N <input type="checkbox"/> | | | | | E.L. EACH ACCIDENT | \$ | | |
| | | N / A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Event Name: Broadway Student Summit
 Event Type: Meeting (indoors)
 Event date(s): 02/16/24, 02/17/24, 02/18/24
 Daily Attendance: 150
 Number of Days: 3

| | |
|---|---|
| CERTIFICATE HOLDER Pearl Studios NYC 500 8th Avenue New York, NY 10018 US | CANCELATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  |



STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP
DESTINATION WITHIN 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 Anaya Samsatha-Cooley
(Name of Student - please print)
to participate in a field trip on Date(s): Thur 2/15/24 to Mon 2/19/2024 President BO weekend
to: Broadway Student Summit Pearl Studios 500 8th Ave NYC
Emergency Number(s) for Parent/Guardian: 1. 415-316-3424 2. _____ 3. _____
Alternate Emergency Contact Name: mom Theresa Samsatha-Cooley Phone Number(s): 415-316-3424

Student Health Conditions

- Severe Allergy to: None Student has an Epi-pen at school
 Asthma Student has an inhaler at school Diabetes Student has medication at school
 Seizures Student has medication at school Sickle Cell Anemia Student has medication at school
 Other condition(s): _____ Student has medication at school

Medications needed during the school day: none

Medications needed after school hours: none

Special Instructions: _____

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 you and your doctor. See your School Nurse/Health Services for more information.

Health Insurance Plan Name¹: Aetna Subscriber/Policy No. W281190730

Swim/Water Activities Permission - If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these 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.

Parent or Guardian Signature: _____ Print Name: Theresa Samsatha-Cooley Date: 12/11/2023

FOR HIGH SCHOOLS ONLY: With 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 has my permission to arrive at and/or leave the destination on his/her own: _____ arrive _____ leave

Parent or Guardian Signature: _____ Print Name: _____ Date: _____

CHAPERONE AGREEMENT: If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip. (See ousd.org/volunteer or email volunteers@ousd.org.)

Parent or Guardian Signature: _____ Print Name: _____ Date: _____

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

¹ OUSD provides limited accident insurance coverage for eligible student injuries occurring during field trips/school sponsored activities.



STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP
DESTINATION WITHIN 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 Diamond Jennings
(Name of Student - please print)
to participate in a field trip on Date(s): Thursday 2/15/24 to Monday 2/19/2024 President BO Week
to: Broadway Student Summit Pearl Studios 500 8th Ave N
Emergency Number(s) for Parent/Guardian: 1. 510-330-6680 2. 510-355-4404 3. Maelean W
Alternate Emergency Contact Name: Angel Lee Keene Phone Number(s): grandma

Student Health Conditions

- Severe Allergy to: N.A. Student has an Epi-pen at school
 Asthma Student has an inhaler at school Diabetes Student has medication at school
 Seizures Student has medication at school Sickle Cell Anemia Student has medication at school
 Other condition(s): _____ Student has medication at school

Medications needed during the school day: _____

Medications needed after school hours: _____

Special Instructions: _____

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 you and your doctor. See your School Nurse/Health Services for more information.

Health Insurance Plan Name¹: Health Net Subscriber/Policy No. 955014845

Swim/Water Activities Permission - If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these 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.

[Signature] Angel Keene 12/11/2023
Parent or Guardian Signature Print Name Date

FOR HIGH SCHOOLS ONLY: With 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 has my permission to arrive at and/or leave the destination on his/her own: _____ arrive _____ leave

Parent or Guardian Signature Print Name Date

CHAPERONE AGREEMENT: If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip. (See ousd.org/volunteer or email volunteers@ousd.org.)

Parent or Guardian Signature Print Name Date

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

¹ OUSD provides limited accident insurance coverage for eligible student injuries occurring during field trips/school sponsored activities.



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If you've provided an email, you will also receive a message with the link.

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← PREVIOUS FIELD

NEXT FIELD →



HEALTH SERVICES NOTIFICATION FORM

Teacher/ Coach: You must complete and return this form to the School Nurse or Health Services at the time you are requesting approval for a field trip.

TRIP INFORMATION:

School or Center: Other Site Number

Destination:

Departure - Date: Time:

Return - Date: Time:

Class(es)/Group Attending:

Grade(s): # of Students: # of Adults: Academy: VAPA

Teacher Supervising Trip:

Supervising Teacher's Email Address:

HEALTH CONDITIONS/MEDICATION:

Will there be any students participating in the field trip with the following conditions?

| | |
|--|---|
| <input type="checkbox"/> Severe Allergy | <input type="checkbox"/> Student has an Epi-pen at school |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Student has an inhaler at school |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Other condition(s): <input type="text" value="N.A."/> | <input type="checkbox"/> Student has medication at school |

Will any students need medications during the school day?

Will any student need medications after school hours:

If the answer to any of these questions is yes, please **return this form to the School Nurse or fax to 879-4605**.heal

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.



Add Attachments

Choose file(s)

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