

**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT  
BOARD OF EDUCATION**

Agenda Item# 13.1h

**Meeting Date:** March 7, 2024

**Subject:** Approve John F. Kennedy field trip to New Orleans, LA April 4, 2024

- Information Item Only
- Approval on Consent Agenda
- Conference (for discussion only)
- Conference/First Reading (Action Anticipated: \_\_\_\_\_)
- Conference/Action
- Action
- Public Hearing

**Division:** Deputy Superintendent

**Recommendation:**

Sacramento City Unified School District  
**FIELD TRIP REQUEST FORM**  
A SEPARATE FORM FOR EACH TRIP)

Parent is required for See below section for details concerning each type of trip.

School

Teacher's Name

Field Trip

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- Walking  Local-50 mile radius  Out-of-Town (Beyond 50 mile radius)  
 Involving Swimming or Wading  Unusual Activities

Route (must written directions our

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Depart Date 4 / 4 / 24 Time 5:30 am/pm

Return 7 / 24 Time 2:20

TRANSPORTATION will be provided by:  Walking

School Bus - contact Transportation Field Trip Office  Train  
No (Check with Field Trip Office)  Public Transportation

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*17*

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17 Private

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Sacramento City Unified School District  
**OUT-OF-STATE OR OUT-OF-COUNTRY  
TRAVEL REQUEST**

School Name WHE Date 2, 5, 24  
Teacher's Name \_\_\_\_\_ # M1 Telephone # 916-832-8657  
Field Trip Destination San Francisco  
Reason for travel in the Festival

22. This is a musical community  
a Jazz Band Class.

List unusual activities, water activities or high risk activities (examples: rafting, snorkeling,

rock climbing, skiing, etc.) as a special parent waiver may be required. Submit copy of

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

This form must be

completed and resolved in Accounts

Location

Conference/Workshop  
Music Festival

Professional Development

ed trip-

f-s

Business Meeting

Continued Education Credits Earned

School/Department on Ken y igh

Date 15 24

Date(s) of Event 4 4 - 4 2

New Orleans, LA

Event Title (attach brochure)

SEND A COPY OF THIS

SONNEL

Purpose\*

\*(What this activity give students, attendees, staff,

How does this travel align with the District's

St will ing

How will this activity/event be used and shared?

to wi in experience P

Name of Attendee(s)  
(attach sheet for additional)

Substitute No. of Days  
(Y/N)\* Required

Code

No

2

C-1112  
000-05

Additional Attendees Attached

District cost for all attendees

Registration Fee \*\*\*

Meals included?

Print Name

24

B  L  D

Lodging

Transportation

Meals

Other

Superintendent or Desig

Signature

TOTAL