

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

Meeting Date:

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

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Division:

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

0

- 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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66-1111 *Fasti*

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

152

17

152

17 *Private*

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 _____
Reason for travel _____

in the Festival
celebrating the
birth of
the

a Jazz Band Class.

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