# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
# BOARD OF EDUCATION

Agenda Item# 8.1g

**Meeting Date:** March 5, 2026

**Subject: Approve Miwok Middle field trip to Boston, MA March 26-31, 2026**

- ☐ 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:** Approve Miwok Middle field trip to Boston, MA March 26-31, 2026

**Background/Rationale:** On March 26, 70 students, 4 teachers, and 4 chaperones will travel via commercial airline to Boston, MA for a culmination of US History study.

**Financial Considerations:** There is no cost to the district. Expenses will be paid by parents/guardians.

**LCAP Goal(s):** College preparedness, increasing communication and critical thinking skills.

**Documents Attached:**
1. Out-of-state field trip documents

| | |
|---|---|
| **Estimated Time of Presentation**: N/A | |
| **Submitted by:** | Mary Hardin Young, Deputy Superintendent |
| | Jerad Hyden, Assistant Superintendent |
| **Approved by**: | Cancy McArn,Interim Superintendent |

Sacramento City Unified School District

# FIELD TRIP REQUEST FORM

(USE A SEPARATE FORM FOR EACH TRIP)

Parent Permission Form is required for each student field trip. See below reference distribution section for details concerning each type of trip.

**School Name:** Miwok Middle School **Date January 7, 2026**

**Teacher's Name:** Brooke Sasser, Rosie Broderick **Room #:** 214/301

**Telephone #:** 916-395-5370 **Fax #:** 916-264-3436

**Field Trip Destination:** Boston, Massachusetts ☐ Local-50 mile radius (bus/walking) ☐ Local-50 mile radius (driver led trips)

☐ Out-of-Town (Beyond 50 mile radius) **(forward directly to Field Trip Office)**

☑ Overnight ☑ Out-of-State/Country ☐ Involving Swimming or Wading ☐ Unusual Activities

Route: Plane flight from San Francisco International Airport to Logan Airport. Return trip: Logan Airport to SMF

**Educational nature of field trip/excursion**: This is a culmination of our year of study in American history.

**Depart Date**: 3/26/26 6 p.m. **Return Date:** 3/31/26 10:34 p.m.

**TRANSPORTATION** will be provided by: ☑ Walking ☐ School Bus - contact Transportation Field Trip Office
☑ Charter Bus Company (certified): ☐ Yes ☐ No - Check with Field Trip Office
☐ Private Vehicle/Parent Driver/Faculty Driver - Complete Volunteer Personal Automobile Use Form for each vehicle and driver, must have fingerprint clearance (check with Human Resources for fingerprint clearances)
☐ Public Transportation ☐ Train ☑ Commercial Airline ☐ Other:_____

Funding Source: Parent-funded Financial Assistance Available? ☐ Yes ☑ No

Number of students participating: 70

Adult Chaperones/Drivers: Use additional forms if more than 4 names: Driver

1) Madeline Feickert ☐ yes X no 2) Monica Cuellar ☐ yes X no
3) Richard Ames ☐ yes X no 4) John Bullington ☐ yes X no

Teachers and Staff Attending: Use additional forms if more than 4 names

1) Brooke Sasser ☐ yes X no 2) Rosie Broderick ☐ yes X no
3) Ya'ara Trost ☐ yes X no 4) Vernon Gillam ☐ yes X no

**Principal Approval** _____ Date 1/21/26 **Risk Management Approval (Unusual Activities)** _____ Date 2/3/26 **Instructional Assistant Superintendent Approval** _____ Date 1/28/26 **Distribution**: Refer to the Field Trip Information Form RSK 106F for the forms and distribution required for each trip:

1. **Local Trip (school or charter bus):** (50-mile radius) - Submit to Principal for approval. Maintain all documents at site and forward a copy to Instructional Assistant Superintendent for approval.
2. **Local Trip:** (50-mile radius: driver led) – Submit driver led trips to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip. 3. **Local Trip:** (waling, RT, Amtrak): Submit walking trips to Principal for approval then forward to Instructional Assistant Superintendent for approval 2 weeks prior to trip. 4. **Out-of-Town:** (beyond 50-mile radius) – Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip. 5. **Overnight Trip:** Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
6. **Trip Involving Swimming or Wading:** Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip. 7. **Trip Involving Unusual Activities (Water sports or high risk activities such as rafting, snorkeling, rock climbing, skiing, etc.)** - Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip. This may require **Special Event Liability Insurance.**
8. **Out-of-State/Country:** Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Instructional Assistant Superintendent will place field trip item on Board Agenda. Trips not submitted to Segment Administrator 6 weeks prior to trip will be considered automatically rejected by the Board of Education.
9. **Approved forms will be returned by Instructional Assistant Superintendent. Maintain a copy of all forms at site for 2 years**
10. **Venue/Destination: Must comply with SCUSD COVID19 Mitigation Guidelines for all trips outside of district facilities.**

Reviewed by Site Office Manager: _____ (Initials)

Sacramento City Unified School District

# OUT-OF-STATE OR OUT-OF-COUNTRY TRAVEL REQUEST

School Name Miwok Middle School Date 01 / 12 / 26

Teacher's Name Rosemary Broderick Room # 301 Telephone # 916 798 8531

Field Trip Destination Boston, Massachusetts

Reason for travel US History Tour + Sites

( Tea Party, Lexington/ Concord, Salem)

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 contract or waiver to Risk Management for review before signing. Attach a detailed itinerary for each day

Signed _____
Teacher

**Approvals:**

_____ 1 / 21 / 26
Principal Date

_____ 2 / 3 / 26
Risk Management Dept. Date

_____ 1 / 20 / 26
Segment Administrator Date

_____ 2 / 6 / 26
Superintendent Date

___/___/___
Board Approval Date

# TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

**Request to Attend:**
- ☐ Conference/Workshop
- ☐ Business Meeting

**Purpose for Attending:**
- ☐ Professional Development
- ☐ Continued Education Credits Earned

**Instructions:** This form must be completed and received in Accounts Payable at least 38 days prior to the proposed trip- 60 days if out-of-state.

REQ #:

School/Department: Miwok Middle School Date: 1/21/26

Date(s) of Event: March 26 -31 2026 Location: Boston, massachusetts

Event Title (attach brochure): Boston Field Trip

Purpose*: American history comes alive in Boston for American history students

*(what value does this activity give students, attendees, staff, department/site or community?)

How does this travel align with the District's strategic plan?

How will this activity/event be used and shared?

| Name of Attendee(s) (attach sheet for additional attendees) | Position | Substitute (Yes)** | No. of Days Required | Budget Code (for substitute) |
|---|---|---|---|---|
| Rosemary Brodenck | ELA + history teach | No | | |
| Brooke Sasser | ELA + history teacher | No | | |
| | | No | | |
| | | No | | |
| | | No | | |

☐ Additional Attendees Attached

**IF A SUBSTITUTE IS NEEDED, SEND A COPY OF THIS FORM TO PERSONNEL, BOX 770

**Approvals:**

CRISTIN TAMURA — Principal/Department Head Signature & Print Name — Date 1/22/26

Cabinet Level or Designee Signature — Date 2/5/26

Chief Business Officer Signature — Date 2/6/26

Superintendent or Designee Signature

**District cost for all attendees (estimate)**

| | |
|---|---|
| Registration Fee *** | 0 |
| Meals Included? 0 | B ☐ L ☐ D ☐ |
| Lodging | 0 |
| Transportation | 0 |
| Meals | 0 |
| Other | 0 |
| TOTAL | 0 |

☐ Categorical
☐ General Fund/Unrestricted

Budget Code(s): NO cost to district — $ 0 — $ 0

***If any meals are included in the cost of registration, how many of each: Breakfast ____ Lunch ____ Dinner ____

**Prepayment Requested:** All checks will be sent to the site/department unless prior arrangements have been made (with AP) to pick up check

| | Requisition # | Dollar Amount |
|---|---|---|
| Registration Fee | | 0 |
| Hotel | | |
| Airfare **** | | |
| Car Rental **** | | |

**** If airfare or car rental is requested, send a copy of this form to Purchasing, Box 630

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