SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
BOARD OF EDUCATION

Agenda Item# 8.1e

Meeting Date: March 5, 2026

Subject: Approve Albert Einstein field trip Boston, MA March 23-28, 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 Albert Einstein field trip Boston, MA march 23-28, 2026

Background/Rationale: On March 23, 9 students, 4 teachers and 4 chaperones will travel via commercial airline to Boston, MA. Students will gain knowledge about US Government and history and visit historical landmarks.

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

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
	Tuan Duong, 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 Albert Einstein Middle School Date 03 / 23 -28 / 2026

Teacher's Name Anna Ruggiero Room # 67 Telephone # _____ Fax # _____

Field Trip Destination Boston, Massachusetts

☐ Local-50 mile radius (bus/walking) (forward directly to Field Trip Office) ☐ Local-50 mile radius (driver led trips) ☐ Out-of-Town (Beyond 50 mile radius)

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

Route _____

Educational nature of field trip/excursion Curriculum Enrichment

Depart Date 03/ 23 / 2026 Time 5:45 am/pm Return Date 03 / 28 / 2026 Time 10:39 am/pm

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 Self-funded field trip Financial Assistance Available? ☐ Yes ☐ No

Number of students participating: 9

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

	DRIVER			DRIVER	
1) Jennifer Reeves	☐ yes	☒ no	2) Ushrena Wenell	☐ yes	☒ no
3) _____	☐ yes	☐ no	4) _____	☐ yes	☐ no

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

1) Anna Ruggiero	☐ yes	☒ no	2) Adriano Dobrescu	☐ yes	☒ no
3) _____	☐ yes	☐ no	4) _____	☐ yes	☐ no

Principal Approval _____ Date 1/21/26

Risk Management Approval (Unusual Activities) _____ Date 2/3/26

Segment Administrator Approval _____ Date 1/22/26

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 Segment Administrator for approval.
2. **Local Trip:** (50-mile radius: driver led) -- Submit driver led trips to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
3. **Local Trip:** (walking, RT, Amtrak): Submit walking trips to Principal for approval then forward to Segment Administrator for approval 2 weeks prior to trip.
4. **Out-of-Town:** (beyond 50-mile radius) – Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
5. **Overnight Trip:** Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
6. **Trip Involving Swimming or Wading:** Submit to Principal for approval then forward to Segment Administrator 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 Segment Administrator 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 Segment Administrator for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Segment Administrator 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 Segment Administrator. Maintain a copy of all forms at site for 2 years.**

Reviewed by Site Office Manager: _____ (Initials)

Sacramento City Unified School District

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

School Name Albert Einstein Middle School Date 03 / 23-28/ 2026

Teacher's Name Anna Ruggiero Room # 67 Telephone # (916) 395-5310

Field Trip Destination Boston, Massachusetts

Reason for travel Curriculum Enrichment

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 Anna Ruggiero 1/21/2026
Teacher

Approvals:

Principal 1/21/2026
Date

Risk Management Dept. 2/3/26
Date

Segment Administrator 1/22/26
Date

Superintendent 2/6/26
Date

____/____/____
Board Approval Date

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

Request to Attend:	Purpose for Attending:	Instructions: This form must be completed and received in Accounts Payable at least 30 days prior to the proposed trip- 60 days if out-of-state.
☒ Conference/Workshop	☐ Professional Development	
☐ Business Meeting	☐ Continued Education Credits Earned	REQ #

School/Department: Albert Einstein MS Date: 1/20/26

Date(s) of Event: March 23-28, 2026 Location: Boston, Massachusetts

Event Title (attach brochure):

Purpose*: Curriculum Enrichment

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

How does this travel align with the District's strategic plan?: College & Career Ready

How will this activity/event be used and shared?: Student will be able to discuss with peers upon return

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
Anna Ruggiero	Teacher	Yes	5	01-0007-0-1103-17-1110-1000-700-4110-000
Adriana Dobrescu	Teacher	Yes	5	01-0007-0-1103-17-1110-1000-700-4110-000
		No		
		No		
		No		

☐ Additional Attendees Attached

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

Approvals:

Principal/Department Head Signature & Print Name: [signature] Date: 1/21/26

Cabinet Level or Designee Signature: [signature] Date: 2/5/26

Chief Business Officer Signature: [signature] Date: 2/5/26

Superintendent or Designee Signature: [signature] Date: 2/6/26

District cost for all attendees (estimate)

Registration Fee***: -0-

Meals included? B ☐ L ☐ D ☐

Lodging

Transportation

Meals

Other

TOTAL: -0-

☐ Categorical

☐ General Fund/Unrestricted

Budget Code(s): This is Self Funded $

$

***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		
Hotel		
Airfare ****		
Car Rental ****		

**** If airfare or car rental is requested, send a copy of this form to Purchasing, Box 830

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