

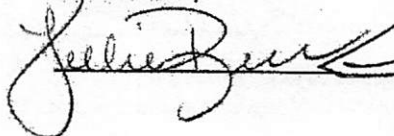
Galt Joint Union High School District
Board Agenda Item Summary

Board Meeting Date:	January 2022
Item:	2022 Field Trip to Ashland, Oregon on April 8-10, 2022
Presented By:	Sonja Brown
Summary:	<p>BACKGROUND: Theatre students have been attending the Oregon Shakespeare Festival for many years. In 2020, the trip was cancelled due to Covid and was not possible in 2021 for the same reason. This year we will be bringing seven students and two teacher chaperones on this 3-day event. The students will attend theatre plays at the festival and one play at the Cabaret Theatre. They will also receive educational opportunities through workshops, festival actor discussions and a backstage tour.</p> <p>SUPPORTING PILLARS <u>Pillar #3 Culture of Continues Learning</u> <u>Pillar #4 Safe Climate and Strong Relationships</u></p> <p>ISSUE: All overnight out-of-state-field trips need board approval</p> <p>PROPOSAL: Requesting the board to approve Ashland Field Trip. The cost per teacher is \$150 for lodging and \$135 for a single day substitute. Chaperones will be driving a district van for which mileage reimbursement will be paid to the Transportation Department. The total costs of this trip have been based on a planned budget determined by quotes given by vendors. The cost may fluctuate until board approval; when we can commit to our contracts.</p> <p>FISCAL IMPACT: \$ __\$3500__ to be paid by __ GHS/LRHS VAPA and District, 01-0000-0-5800-100-1335-1000-000 (GHS VAPA) ____ fund (Supporting documentation must include funding codes)</p>
Presenter's Recommendation:	To Approve

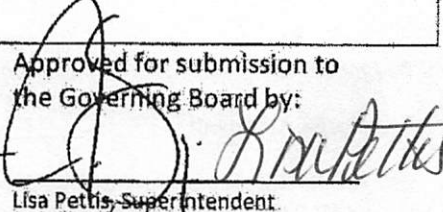
Submitted by:

__Sonja Brown__

Reviewed by:



Approved for submission to
the Governing Board by:


Lisa Pettis, Superintendent

GALT JOINT UNION HIGH SCHOOL DISTRICT

Board Meeting Field Trip/Conference Information Sheet

(Board Policy states that all field trips overnight or over 100 miles require Board approval.
Out of state conferences for staff also require Board approval.)

Requested By: Sonja Brown

Department/Club: GHS/LRHS VAPA/Theatrics

Purpose of Trip: Oregon Shakespeare Festival and Workshops

Rationale & Strategic Plan Alignment (see attached)

Total Cost of Registration, Entry Fee, etc. Cost to students: Approximately \$375

Dates of Trip: April 8-10, 2022
I Weekday(s) 2-Weekend

Destination of Trip: Ashland, Oregon

Attendees: # of Supervisors: 2 # of Students: 7
Sonja Brown and Daniel Montesano

Substitutes Required: ☒ yes ☐ no How many: 1

Cost for Substitutes: \$135.00

Transportation Details: District Van

Total Cost of Transportation: \$200 (estimated)

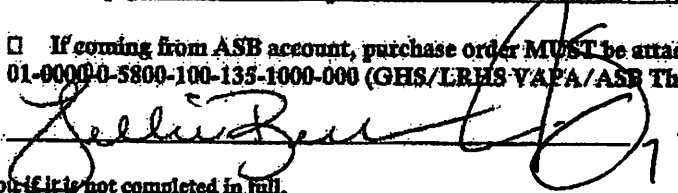
☐ It is the responsibility of the teacher or advisor to contact the transportation department for costs

Lodging & meal details: Bards Inn Hotel 132 N Main St. Ashland, OR 97520

Total Cost of Lodging: \$175/night/room

Source of Funds: Students pay the cost of the trip minus substitute and teacher costs

Budget Code: ☐ If coming from ASB account, purchase order MUST be attached to verify available funds
01-0000-0-5800-100-135-1000-000 (GHS/LRHS VAPA/ASB Theatrics Account)

Principal's Approval: 

☐ This form will be returned to you if it is not completed in full.
☐ Please note that this form is an addition to the current field trip or conference packet. Those original forms will still need to be completed and returned to the Principal's Office.

Board Meeting Field Trip/Conference Information Sheet (attachment)

Rationale & Strategic Plan Alignment.

This trip exemplifies the type of programming and opportunities set forth in the strategic plan. This program offers meaningful opportunities and provides the knowledge and experiences for students to understand and create art.

Pillar #3 Culture of Continuous Learning

Pillar #4 Safe Climate and Strong Relationships

Attendees:

Chaperones: Sonja Brown and Dannel Montesano

Students:

Aliyah Ordaz	18028
Addisen Truong	17892
Arlene Vastida	16933
Justin Yerba	17793
Katlynn Trigo	17951
Kassiah Silva	17940
Jacky Castro	17571

GALT JOINT UNION HIGH SCHOOL

FORM 14C

8/84

FIELD TRIP PERMISSION APPLICATION

SUBMIT IN DUPLICATE TO:

____ Principal (Curricular Trips)

☒ V.P. (Extracurricular)

DIRECTIONS: Administrative approval must be obtained in advance through use of this form for all field trips, curricular and extracurricular. This application is to be submitted at least three weeks before the proposed trip. A proposed trip beyond 100 miles must have approval of the Board of Trustees and must be submitted seven school days before a Board meeting. According to insurance and Board policy all drivers for school field trips must be at least 23 years of age. (If the proposed activity is an Independent Study Project, Independent Study application is to be used rather than this form)

Theatre Department
Applying Organization

Sonja Brown
Staff Member in Charge

Destination: ASHLAND OREGON

Date of proposed trip: FRIDAY, APRIL 8-11 2022 Time of departure: 8:00 am

Purpose of trip (for class projects indicate relationship to course of study.)

OREGON SHAKESPEARE FESTIVAL

Approximate number of students expected: 7 students
(Names attached)

Proposed transportation (check as applicable)

School bus _____

Proposed driver(s) SONJA BROWN

Private vehicle(s) _____

Proposed driver(s) DANNEL MONTESANO

I verify that only those students who have properly completed parent permission forms (form 14d) will be allowed to participate in this field trip. The above information is correct. Drivers are age 23 and in my judgment qualified to be experienced and safe drivers.

Sonja Brown

12/29/21

Field Trip Applicant

Date

Approvals:

VAPA Department Chair

Date

GHS Curricular Activities (Principal)

Date

For trips outside the district (Superintendent)

Date

ROUTING: Original: Office file

Duplicate: Applicant

Principal
Office
Lincoln Way
12/29/21

ELIGIBLE STUDENTS

Jacky Castro	17571
Katlyn Trigo	17951
Aliyah Ordaz	18028
Kassiah Silva	17940
Addisen Truong	17892
Arleen Vastida	16933
Justin Yebra	17793

San Diego Regional
Arts & Music
14311 Lincoln Way
San, CA 95432

ASHLAND Field Trip Statement of Purpose

The purpose of this trip is to explore relationships of theatre through participation in dramatic performances and workshops lead by professional actors and directors. Students will develop concepts, techniques, and basic skills needed to enhance their artistic appreciation and their acting skills. Students will complete their public performance requirement of Theatre II/III curriculum. They will also form relationships with fellow high school theatre students from other communities that will help establish strong foundation among California high schools.

Strategic Plan Alignment. This trip exemplifies the type of programming and opportunities set forth in the strategic plan. This program offers meaningful opportunities and provides the knowledge and experiences for students to understand and create art.

Pillar #3 Culture of Continuous Learning

Pillar #4 Safe Climate and Strong Relationships

EXPENSES (Estimated)

VAPA

Travel: \$1000

Sub Fee: \$135

ASB (Thesplan Club)

Theatre Tickets \$1500

OSF Workshops: \$300

Accommodations: \$1500

STUDENT

Meals: \$100 (approximate)

Golf High School
Principal's Office
145 N Lincoln Way
Golf, CA 95632

OREGON SHAKESPEARE FESTIVAL ITINERARY for April 8-10 2022

CHAPERONES: Sonja Brown and Dannel Montesano

Accommodations:

**Bard's Inn
132 N. Mainstreet
Ashland OR
541-482-0049**

Day 1

**Depart Liberty Ranch at 8:00 a.m.
Rest Stop : Redding, CA
Arrive Ashland (Lunch) 1:00 pm
Check in to Hotel (Bard's Inn) 3:00 pm
OSF Performance: 8:00 pm
Return to hotel: 11:00 pm**

Day 2

**OSF Workshop: 10:00 – 11:00 am
OSF Matinee: 1:30 pm
OREGON CABARET Performance: 7:00 pm
Return to hotel: 11:00 pm**

Day 3

**OSF Workshop: 9:00 am
Depart Ashland :1:00 pm
Rest Stop: Redding, CA
Arrive Liberty Ranch: 6:00 pm**

**Galt High School
Principal's Office
145 N Lincoln Way
Galt, CA 95632**

Galt Joint Union High School District

Vehicle Request Form

(District Passenger Vehicles only)

School Site: GHS Date of Request: 1-8-22
 Requestor: Sonya Brown Activity: Oregon Shakespeare Festival
 Depart Date: 4-8-22 Depart Time: 7:30 am
 Destination: Ashland, OR
 Return Date: 4-10-22 Return Time: 6:00 pm
 Driver's Name: Sonya Brown Department: Theatre
 Number of Passengers - Pupils: 7 Adults: 2 Total Count: 9

Principal/Athletic Director Approval: [Signature]

Vehicle I.D. #: _____ Odometer Ending: _____
 Credit Card Issued: yes/no Last 4 digits: _____ Odometer Beginning: _____
 Credit Card Issued to: _____ Total Miles: _____
 Department Accounting Code: _____

Find: Request Your Object Location Cost Function

Passenger Information

List names of all passengers being transported:

1. Katlyn Trigo
2. Addisen Truong
3. Jacky Castro
4. Arleen Vastida
5. Aliyah Ordez
6. Justin Yebra
7. Kaciah Silva
8. _____

Group Responsibilities

The driver is responsible for making sure that all students are wearing their seatbelts. The district will not reimburse the driver or students for any citations they receive. **Please Note:** This form, driver credit card, and the vehicle keys must be returned to the transportation department when the vehicle is returned. If the transportation office is closed, forms and keys should be placed in the key box adjacent to the roll-up door. Vehicles must be returned immediately upon completion of trip so they are available for other groups. Keys are not to be left in vehicles. Credit cards must be returned to the Transportation Dept. immediately to avoid loss or misuse. The vehicle must be returned with all windows up, locked/secured and clean inside. Vehicles returned in an unacceptable condition will result in cleaning and/or repair charges to the responsible group. Please list any mechanical issues or damage on the bottom of this form.

I hereby acknowledge that I have been informed of my responsibility regarding use of district vehicles:

Driver's Signature _____ Date 1/1/

Vehicle Defects Noted: _____

BELOW THIS ARE FOR TRANSPORTATION DEPARTMENT USE ONLY

Total Miles X \$.60 per mile = \$ _____
 Additional Charges: \$ _____
 Vehicle Rental Charges: \$ _____
 Total Charges: \$ _____

Revised 3/11

Galt High School
 Principal's Office
 145 N. Lincoln Way
 Galt, CA 95632

Return this form no later than January 18, 2022

GHS/LRHS
Galt, CA 95632

Date 12/29/21

Dear Parent or Guardian:

An opportunity is available for your student to participate in an event which we feel will benefit their educational experience. Your child has indicated an interest in participating. Because the event will be away from the high school campus, it is necessary for you to grant written permission for your child to participate. The details are listed below:

Sponsoring Division or Organization: GHS & LRHS THEATRE

Nature of Event: OREGON SHAKESPEARE FESTIVAL

Method of Transportation: DISTRICT VAN

Place: ASHLAND, OREGON

Date(s): APRIL 8-10

Periods Missed:

1 2 3 4

ALL NONE



Sonya Brown
Sponsoring Teacher's Signature

My son/daughter (NAME) _____

STUDENT # _____

has my permission to attend this event.

SIGNED _____
Parent / Guardian Signature

TEACHER'S PLEASE NOTE: DO NOT SIGN THIS IF IT HAS NOT BEEN SIGNED BY A SPONSOR AND PARENT.

(Students are responsible for class work, homework, and tests missed while on the field trip.)

Period 1A _____

Period 2A _____

Period 3A _____

Period 4A _____

Galt High School
Attendance Office
143 E Lincoln Way
Galt, CA 95632

Please note: Any questions about whether a student attended the activity should be directed to the sponsoring teacher or the attendance office.

**GHS/LRHS High School
TRIP PERMISSION FORM**

Please permit my son / daughter: _____

To attend the trip sponsored by **GHS/LRHS THEATRE DEPARTMENT**
(class or organization)

To **ASHLAND OREGON FOR THE OREGON SHAKESPEARE FESTIVAL**

I understand this field trip is expected to last from 7:30 a.m. on April 8 through 8:00 p.m. on April 10, 2022.

Advisor(s): Sonia Brown

_____(Parent or guardian name)

_____(Address) _____(Phone)

_____(Work)

In case of emergency if I cannot be reached, please call:

_____(Name) _____(Phone)

INSURANCE AND MEDICAL RELEASE

I verify that my son / daughter is covered by insurance and release the Galt Joint Union High School District of any responsibility in case of an accident while he/she student is on this trip.

_____ I have the school insurance

_____ My personal insurance covers my child in case of an accident or injury.

_____ I have no insurance but release the district from any responsibility.

My child has the following health problem: _____

My child must take the following medication: _____

I also authorize any physician or hospital to provide emergency treatment, which may be needed.

Date: _____

(Signature of parent / guardian)

Galt High School
Principal's Office
143 N. Lincoln Way
Ashland, CA 95521

GHS

GALT JOINT UNION HIGH SCHOOL DISTRICT FIELD TRIP CHECK LIST

Check list for Field Trip/Off-Campus Activity

Sonja Brown
Sponsor

Ashland Trip
Activity

12-30-21
Date

- ☒ Field Trip Application (14C)
- ☒ Needs Board approval (overnight, out of state) See Web Site for Board Agenda Form
- ☒ Absence request submitted if trip is during school time and sub will be needed
- ☒ Written statement indicating budget responsibility for cost of substitute, transportation, and other expenses
- ☒ Itinerary submitted. (Departure and arrival times, schedule of activities. For overnight Trips, must include names of all adult chaperons, address and phone for overnight accommodations)
- ☒ Transportation request submitted on line, printed and attached for approval.
- ☒ List of eligible students to attend submitted (review policy #5151m 5150 for guideline)
- 3-16-22 Date list of students must be submitted to principal (three (3) weeks in advance prior to event and eight (8) weeks in advance if board approval is required)
- 3-28-22 Date list of students is submitted to Health Office (at least 1 week prior to event)
- 3-28-22 Date office must notify staff of list of students excused to attend
- 4-1-22 Date all parent-signed trip permission forms due. No student may attend unless the sponsor has the signed form to take along
- ☒ Check Budget
- ☒ Pick up field trip backpack from Health Office prior to event.

Health Office
 221 N. Lincoln Way
 Mt. Pleasant, MI 48859