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Purpose\*

Sacramento Unified School District

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.

Request to Attend:

Purpose for Attending:

Conference/Workshop

Professional Development

Business Meeting

Continued Education Credits Earned

REQ #

School/Department | John F. Kennedy High School

Date | 1/2/2020

Date(s) of Event | 3/4/20 - 3/8/20

Location | Little Rock, Arkansas

Event Title (attach brochure) | FRC Arkansas Regional Competition No YE

Compete in an international FIRST robotics competition

\*What does this activity give students/attendees/staff

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

Approved:

1/31/20  
2. W

How does this travel align with the District's strategic

Develop and demonstrate high-level STEM skills and represent SCUSD

2/20  
D

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

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

.27.20

Date

1.30.20

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

John F. Kennedy High School

3 4-8 2020

Teacher's Name Robert Greene Room # E1 Telephone # 916-743-5044

Field Trip Destination Little Rock, Arkansas

Represent SCUSD and JFK by competing in EDC (FIRST Robotics)

27 / 20

30 / 20

6 / 20

Competition) to further the development of STEM-related skills

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

Sacramento City Unified School District  
**OVERNIGHT TRIPS  
ACCOMMODATION INFORMATION**

Facility Name Wingate Date Reserved 10 / 21 / 19  
Address 1212 S. Shakelford Road C Little Rock, AR 72211  
Reservations Contact Person: Phyllis K. phyllisk@wingatelittlerock.com

Telephone 501-227-6800 x # 501-227-6819

Total Rooms Reserved: 5  
Room #s: TBD  
Reservation Dates: 3 / 4 / 20 - 3 / 8 / 20

Signed \_\_\_\_\_  
Teacher

Approvals:

Pri al 1, 7, 2020

Segment