



**GOVERNING BOARD AGENDA ITEM
AMPHITHEATER UNIFIED SCHOOL DISTRICT NO. 10**

DATE OF MEETING: February 25, 2025

TITLE: Approval of Out of State Travel

BACKGROUND:

STAFF

Rose Hooton requests permission to attend AVID Summer Institute 2025 on June 15-18, 2025 in San Diego, CA. Approximate cost of travel is \$3,050.00 and will be paid using JTED funds. No school days will be missed, and no substitute is required.

Kimberly Begay requests permission to attend Dickinson College “For the Peoples: Native Voices & Beyond Symposium” on March 26-31, 2025 in Carlisle, Pennsylvania. Travel costs are being paid by Dickinson College. Four school days will be missed, and no substitute is required.

STUDENTS

Chris and Elethia Yetman request permission to take 10 Canyon del Oro Decathlon students to Academic Decathlon National Finals on April 29-May 3, 2025 in Des Moines, Iowa. Approximate cost of travel is \$13,500.00 and will be paid using Student Activities funds. Four school days will be missed, and substitutes are required.

BUDGET CODE KEY		
596.00.300.2210.6360.515.0000	JTED	Improvement of Instruction, Employee Training, Associate Superintendent Secondary Ed
596.00.300.2210.6582.515.0000	JTED	Improvement of Instruction, Employee Travel, Associate Superintendent Secondary Ed
850.00.610.1001.6892.282.0000	Student Activities	Classroom Instruction, Student Expenses, CDO
850.00.410.2710.6519.282.0000	Student Activities	Student Transportation, Student Travel, CDO
850.00.610.2190.6892.282.0000	Student Activities	Student Support Services, Student Expenses, CDO
850.00.100.1001.6105.282.0000	Student Activities	Classroom Instruction, Substitute, CDO

RECOMMENDATION:

It is the recommendation of the administration that the above travel be approved.

INITIATED BY:

Matthew Munger
Associate Superintendent for Secondary Education

Date: February 24, 2025

Todd A. Jaeger, J.D., Superintendent

**AMPHITHEATER PUBLIC SCHOOLS
STAFF TRAVEL/CONFERENCE REQUEST**

THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.

EMPLOYEE(S): Rose Hooton _____

SCHOOL: District Offices
 Department (opt.): Office of Learning & Instruction
 DATE(S): June 15-18, 2025

ACTIVITY/EVENT: AVID 2025 Summer Institute

LOCATION: San Diego, California

ABSENCE: Days 4 Sub Required: Yes No

of School Days Missed 0

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
			(Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$1,050.00</u>		<u>596.00.300.2210.6360.515.0000</u>
Transportation	<u>\$500.00</u>	Mode <u>air</u>	<u>596.00.300.2210.6582.515.0000</u>
Rental Car	_____		_____
Meals	<u>\$300.00</u>		<u>596.00.300.2210.6582.515.0000</u>
Lodging	<u>\$1,200.00</u>		<u>596.00.300.2210.6582.515.0000</u>
Substitutes	<u>N/A</u>		_____
TOTAL	<u>\$3,050.00</u>		

The District will (or) will not receive reimbursement from outside sources.

* PO must be submitted and approved *prior* to travel to qualify for reimbursement.

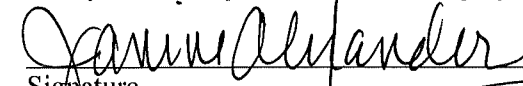
Purpose of travel: To participate in AVID Summer Institute professional development.

Outcomes and academic benefits to students and staff: Participants will strengthen their understanding of AVID implementation and learn valuable best practice strategies to ensure rigorous implementation toward AVID district-wide.


Identify which characteristics of the Portrait of Graduate are specifically related to this request.

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Academic Content | <input type="checkbox"/> Caring | <input type="checkbox"/> Citizenship |
| <input checked="" type="checkbox"/> Collaboration | <input type="checkbox"/> Communication | <input checked="" type="checkbox"/> Creative Thinking |
| <input checked="" type="checkbox"/> Critical Thinking | <input checked="" type="checkbox"/> Problem-Solving | |

The travel is necessary for the implementation of the project funding the travel.

Submitted by:  2/12/2025
 Signature Date

 2/12/2025
 Principal/Supervisor Date
 CTE Director

 2/12/2025
 Associate Superintendent/Superintendent Date

**AMPHITHEATER PUBLIC SCHOOLS
STAFF TRAVEL/CONFERENCE REQUEST**

THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.

EMPLOYEE(S): Kimberly Begay _____

SCHOOL: District Offices
 Department (opt.): Native American Education
 DATE(S): March 26-31, 2025

ACTIVITY/EVENT: Dickinson College "For the Peoples: Native Voices & Beyond Symposium"

LOCATION: Carlisle, Pennsylvania

ABSENCE: # Days 6 Sub Required: Yes No # of School Days Missed 4

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	<u>APPROXIMATE COST</u>	<u>BUDGET CODE/DESCRIPTION</u>
		<small>(Note: Tax credit contributions are District funds and require a budget code.)</small>
Registration	<u>Paid by Dickinson College - CFNP</u>	_____
Transportation	<u>Paid by CFNP</u> Mode _____	_____
Rental Car	_____	_____
Meals	<u>Paid by CFNP</u>	_____
Lodging	<u>Paid by CFNP</u>	_____
Substitutes	_____	_____
TOTAL	<u>\$0</u>	

The District will (or) will not receive reimbursement from outside sources.

* PO must be submitted and approved *prior* to travel to qualify for reimbursement.

Purpose of travel: To build reciprocal relationships with national Native American communities, scholars, and organizations, sharing resources and collaborating on projects that serve the interests of Native peoples.

Outcomes and academic benefits to students and staff: To be able to learn strategies of integrating Native knowledge and Ways of Being into learning spaces and curricula for the advancement and academic success of Amphi Native students and community.

Identify which characteristics of the Portrait of Graduate are specifically related to this request.

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Academic Content | <input checked="" type="checkbox"/> Caring | <input checked="" type="checkbox"/> Citizenship |
| <input checked="" type="checkbox"/> Collaboration | <input checked="" type="checkbox"/> Communication | <input checked="" type="checkbox"/> Creative Thinking |
| <input checked="" type="checkbox"/> Critical Thinking | <input checked="" type="checkbox"/> Problem-Solving | |

The travel is necessary for the implementation of the project funding the travel.

Submitted by: Kimberly Begay _____ 2/17/2025
 Signature Date

Darlene Mansouri _____ 2/19/25
 Principal/Supervisor Date

[Signature] _____ 2/19/25

AMPHITHEATER PUBLIC SCHOOLS
STAFF/STUDENT TRAVEL REQUEST

Attach supporting documentation as needed

ORIGINAL SUBMISSION

THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL

SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 10

NAME OF SCHOOL GROUP/CLUB/ENTITY: CDO Academic Decathlon Team

STAFF ADVISOR(S)/CHAPERONES: Chris and Elethia Yetman

ABSENCE: # Days 6 Sub Required: Yes No # of School Days Missed 4

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Academic Decathlon National Finals

DESTINATION OF TRAVEL: Des Moines Convention Center, Des Moines, IA

DATES OF TRAVEL: April 29 – May 3, 2025

ACADEMIC BENEFITS TO STUDENTS: Academic Competition, Time Management, etc.

Identify which characteristics of the Portrait of Graduate are specifically related to this event.

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Academic Content | <input checked="" type="checkbox"/> Caring | <input checked="" type="checkbox"/> Citizenship |
| <input checked="" type="checkbox"/> Collaboration | <input checked="" type="checkbox"/> Communication | <input checked="" type="checkbox"/> Creative Thinking |
| <input checked="" type="checkbox"/> Critical Thinking | <input checked="" type="checkbox"/> Problem-Solving | |

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other Parent transport, Commercial Airline, Rental Car

Are expenses paid from any of the following accounts? Auxiliary _____ Tax Credits Yes Club Funds Yes
Parent Organization

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>\$500.00</u>	<u>850.00.610.1001.6892.282.0000</u>
Transportation	<u>\$5000.00</u>	<u>850-00-410-2710-6519-282-0000</u>
Meals	<u>\$1500.00</u>	<u>850.00100.2190.6892.282.0000</u>
Lodging	<u>\$5000.00</u>	<u>850-00-610-2190-6892-282-0000</u>
Substitutes	<u>\$1500.00</u>	<u>850.00.100.1001.6105.282.0000</u>
TOTAL	<u>\$13,500.00</u>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? No
IF SO, SOURCE & AMOUNTS: _____

* PO must be submitted and approved *prior* to travel to qualify for reimbursement.


HOW ARE CHAPERONE EXPENSES PAID? Club Funds

COST TO EACH STUDENT \$ \$500

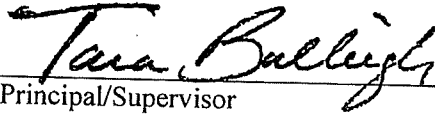
HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Club and Tax Credit Funds

FUNDING SOURCE(S): Club Funds and Tax Credit donations

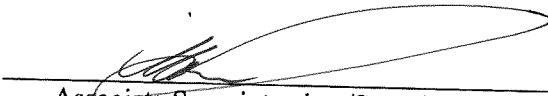
FUNDRAISING ACTIVITIES PLANNED (If applicable):

SUBMITTED BY: 
Signature

2/3/25
Date

APPROVED BY: 
Principal/Supervisor

2/14/25
Date


Associate Superintendent/Supervisor

2/17/2025
Date