

AMADOR COUNTY UNIFIED SCHOOL DISTRICT



ADDENDUM

PACKET

July 17, 2019



AMADOR COUNTY UNIFIED SCHOOL DISTRICT

Superintendent, Amy L. Slavensky, Ph.D.

217 Rex Avenue, Jackson, CA 95642 | (209) 257-5353 | Fax (209) 257-5360 | www.amadorcoe.org

PREPARE, SUPPORT, INSPIRE!

May 31, 2019

Mr. Scott Slavensky
903 El Rancho Court
Roseville, CA 95661

Dear Mr. Slavensky,

Thank you for your generous donation of hard cases to Amador County Unified School District. These cases will be useful for grab and go safety supplies and art supplies for our school sites.

We truly appreciate your generous donation to our school district and community. Thank you again for your incredible support.

Sincerely,

Amy Slavensky
Superintendent

AMADOR COUNTY PUBLIC SCHOOLS
 Acknowledgment of Donation of Gift/Contribution to District

Date: 07/10/2019

School Site / Department: Educational Services

Name of person completing this form: Margaret Shoda

Description of Gift / Contribution: Framed Declaration of Independence

No goods or services were provided by Amador County Public Schools in return for the contribution.

Does the gift/contribution require Maintenance Department services for installation? Yes No

If yes, Maintenance Department completes this section.

Required materials for installation: _____

Labor costs of installation: _____

Total: _____ **

Maintenance Director's Signature: _____

Name of Donee/Contributor: Ms. Sharon Adams

Mailing Address: 20 Rollingwood # 216

Town: Jackson Zip: 95642

Telephone No.: _____

Have you acknowledged receipt of gift/contribution with a thank you letter?

Yes No

(If yes, please attach a copy of thank you letter.)

****Note:** If maintenance and material costs for installation are unbudgeted or prohibitively high, the Superintendent may recommend Board rejection of the gift/contribution.



*Amador County Public Schools
217 Rex Avenue, Jackson, CA 95642
(209) 257-5353 ~ FAX 257-5360*

July 8, 2019, 2019

Ms. Sharon Adams
20 Rollingwood #216
Jackson, CA 95642

Dear Ms. Adams,

It is with great appreciation that we thank you for donating the beautifully framed Declaration of Independence print. This historical document which is the transcription of the Stone Engraving parchment is currently hanging in my office. When school resumes in August I will reach out to our school principals first to see if anyone would like it for their school site. This valuable piece of history should be seen by our students and staff.

We value the partnership that you have created with our school district and look forward to it continuing in the future.

With sincere appreciation,

A handwritten signature in blue ink that reads "Sean Snider". The signature is written in a cursive style.

Sean Snider
Assistant Superintendent, Educational Services

SS/ms

Amador County Unified School District / Amador County Office of Education
Request to Surplus

School Site/Department: Independence High Date: 5/24/19

Name of Person Completing Form: Melissa Cox

Item I.D. # and Inventory Sticker	Description of the Item Including: Brand, Model, Year Purchased	Reason for Surplus Request
None	Various novels many from the 1980's	Very old and outdated (for example, one title is "Ten-speed babysitter")

Administrator's Signature: [Signature] Date: 5/24/19

DISTRICT USE

Received by Superintendent's Office _____ Date: _____

Superintendent's recommendation for value and disposal method: _____

Board Approval sent to site: _____ Date: _____

Final Method of Disposal: _____

Responsible Employee's Signature: _____ Date: _____



AMADOR COUNTY PUBLIC SCHOOLS

OVERNIGHT FIELDTRIP REQUEST FORM

~~5/12/19~~ 6/12/19

For the Board Meeting Dated: _____

School: ARGONAUT

Date of Request: 5/17/19

Departure Date: 7/23/19

Return Date: 7/24/19

Departure Time: 7am

Return Time: 7pm

Destination of Trip (Location and City): Fresno, CA

CSU Fresno - Doms / Conference Center

Purpose of Trip: FCCLA Region Officer Training Conf.

Name of Sponsoring Organization: CA Dept of ED / CA FCCLA

Source(s) of Funds for Trip: CA Dept of ED

Name of Fieldtrip Director/Instructor: RAEAN GADDONI
~~Melissa Webb, CA Dept of Ed~~

Number of Students: 2

Grade Level: 11th

Number of Chaperones: 1

Names of Chaperones: RAEAN GADDONI, Culinary / FCCLA Advisor

Melissa Webb, CA Dept of Ed / FCCLA State Advisor

Mode of Travel (circle one): School Bus Charter Bus Van Plane Train
Private Vehicle (Insurance on file: Yes No)

Name and Address of Overnight Accommodations: Fresno State Univ.
5241 N. Maple Ave., Fresno 93740

Instructor's Signature: [Signature]

Date: 5/17/19

Site Administrator: [Signature]

Date: 5/21/19

* NOTE: This form needs to be submitted to the Superintendent's Office at least 1 week prior to the scheduled Board meeting before the planned trip.



AMADOR COUNTY PUBLIC SCHOOLS

OVERNIGHT FIELDTRIP REQUEST FORM

For the Board Meeting Dated: June

School: Argonaut

Date of Request: 5/21/19

Departure Date: 6/17

Return Date: 6/18

Departure Time: 7am

Return Time: 7pm

Destination of Trip (Location and City): UC DAVIS - CA FFA

Senior Leadership Pilot Program

Purpose of Trip: FFA leadership Conference

Name of Sponsoring Organization: CA FFA

Source(s) of Funds for Trip: No Cost for Event - Ag Incentive Grant

Name of Fieldtrip Director/Instructor: Angela Mayfield ^{for transportation}

Number of Students: 10

Grade Level: 12

Number of Chaperones: 1

Names of Chaperones: Angela Mayfield

Mode of Travel (circle one): School Bus Charter Bus Van Plane Train
Private Vehicle (Insurance on file: Yes No)

Name and Address of Overnight Accommodations: UC Davis Student Housing, Davis, CA

Instructor's Signature: Angela Mayfield

Date: 5-21-19

Site Administrator: [Signature]

Date: 5-21-19

* NOTE: This form needs to be submitted to the Superintendent's Office at least 1 week prior to the scheduled Board meeting before the planned trip.

Amador County Unified School District

Special Trip Request

Type of Trip: Activity / Sport (Music) Other

Date of Trip: Wed 05-29-2019
Day of week / M . D . Y

School / Grade / Organization: Amador High Band

No. Passengers: 35-45! 2-4
Students Adults

Pick-up Address: Amador High

Pick-up Time: 8:00 AM

Pick-up Address: _____

Pick-up Time: _____

Pick-up Address: _____

Pick-up Time: _____

**Please attach maps or directions to Destination if available. Requesting a Meal Stop: (YES) / NO (circle one)
NO Meal Stops are authorized during the school week, evenings. If yes on Meal Stop, please include location in special instructions area.

Destination: Jackson El, Pioneer El, Pine Grove El Address: _____

Leave Destination Site Time: _____ Time of Return to School: 1:30 PM

Requester(s) Signature / Name: [Signature] Phone #: 207-313-4491
Requester is responsible for assuring that there are funds available for trip.

**Funding Source: _____
Funds Resource Year Object Goal Function Location Program

(**Trips falling under Site Plan Activity need prior approval by Director of Curriculum prior to trip booking.)

I am requesting an outside transportation source: Rental VAN / Charter Bus - Transportation will make all arrangements. NO private arrangements for non-district buses will be allowed. Charter Companies cancelled on site will charge full price. The site is responsible.

Program Manager / Principal's Signature: [Signature] Dated: 5/29/19

Other Approval Signature: _____ Dated: _____

Special Instructions: _____

Instructions: Please send all trip requests to Transportation 45 days in advance of trip. Cancellation should be made at least 24 hours in advance / same day cancellations shall be charged minimum 1 hour / on site. Cancellation will be charged mileage plus 2 hrs. Saturday / Sunday and Holiday cancellations on site will be charged a minimum of 3 hrs or actual trip time, which ever is less. NO TRIP REQUEST WILL BE ACCEPTED WITHOUT A FUNDING SOURCE. Trip request may be faxed to transportation to reserve a calendar date. The original must be sent to transportation within five business days.

Transportation Use Only

Posted by: _____ Trip/Invoice #: _____
Comments: _____

No school bus available, Charter ordered: _____
Name of Company Rate / Charge # of Buses

Estimate of Bus Cost / Miles: X \$1.75 /Hours: X \$31.00 / Buses: X Total =
Estimate of Van Cost / Miles: X \$0.75 / Van: X Total =

**Amador County Unified School District
Special Trip Request**

Type of Trip: Activity / Sport / Music / Other
 School / Grade / Organization: Amador High Band
 Pick-up Address: Amador High
 Pick-up Address: _____

Date of Trip: Thurs 5-30-2019
Day of week / M - D - Y
 No. Passengers: 35-45 / 2-4
Students Adults
 Pick-up Time: 8:00 AM
 Pick-up Time: _____

Pick-up Address: _____ Pick-up Time: _____
 **Please attach maps or directions to Destination if available. Requesting a Meal Stop: YES / NO (circle one)
NO Meal Stops are authorized during the school week, evenings. If yes on Meal Stop, please include location in special instructions area.

Destination: Sutter Creek El, Tione El, Plymouth El. Address: _____
 Leave Destination Site Time: _____ Time of Return to School: 1:30 PM

Requester(s) Signature / Name: [Signature] Phone #: 207-313-4491
Requester is responsible for assuring that there are funds available for trip.

**Funding Source: _____

Funds	Resource	Year	Object	Goal	Function	Location	Program

(**Trips falling under Site Plan Activity need prior approval by Director of Curriculum prior to trip booking.)

I am requesting an outside transportation source: Rental VAN / Charter Bus - Transportation will make all arrangements. NO private arrangements for non-district buses will be allowed. Charter Companies cancelled on site will charge full price. The site is responsible.

Program Manager / Principal's Signature: _____ Dated: _____

Other Approval Signature: _____ Dated: _____

Special Instructions: _____

Instructions: Please send all trip requests to Transportation 45 days in advance of trip. Cancellation should be made at least 24 hours in advance / same day cancellations shall be charged minimum 1 hour / on site. Cancellation will be charged mileage plus 2 hrs. Saturday / Sunday and Holiday cancellations on site will be charged a minimum of 3 hrs or actual trip time, which ever is less. NO TRIP REQUEST WILL BE ACCEPTED WITHOUT A FUNDING SOURCE. Trip request may be faxed to transportation to reserve a calendar date. The original must be sent to transportation within five business days.

Transportation Use Only

Posted by: _____ Trip/Invoice #: _____
 Comments: _____

No school bus available, Charter ordered: _____

Name of Company	Rate / Charge	# of Buses

Contact Phone # and name: _____
 Estimate of Bus Cost / Miles: X \$1.75 / Hours: X \$31.00 / Buses: X Total =
 Estimate of Van Cost / Miles: X \$0.75 / Van: X Total =