

AMADOR COUNTY UNIFIED SCHOOL DISTRICT
AMADOR COUNTY OFFICE OF EDUCATION



ADDENDUM

PACKET

DECEMBER 14, 2016

ADDENDUM TO December 14, 2016
ACUSD/ACOE BOARD PACKET

ACUSD

Donations/Gifts/Contributions

- 10.4a Jackson Elementary School Library ~ \$3,000 from the Jackson Rancheria grant Program for library improvements

- 10.5 **Surplus (**
 - 10.5a District Office – Assorted electronics that are no longer used or broken
 - 10.5b Argonaut High School – Steno Dynascope microscope
 - 10.5c Ione Elementary School – 20 desks, 3 tables, rolling desk, table top desk, TV stand, bookshelf, 3 file cabinets, 1 wooden shelf. Cabinet, 1 trapezoid table, 1 weather station pole, 20 sacks of rubber chips, 1 lid

- 10.6 **Miscellaneous**
 - 10.6a Jackson Junior High School – Theater/Drama Experience to Ashland, Oregon on May 5, 2017 and returning May 7, 2017. Student fundraiser.
 - 10.6b Argonaut High School Redwood classic boys Varsity Basketball Tournament, December 1, 2017, returning December 4, 2016.
 - 10.6c Argonaut High School McKinleyville High School Wrestling Tourney, leaving December 9, 2016, returning December 11, 2016.
 - 10.6d Argonaut High School Cheerleaders to Orlando, FL to perform at Pre game Citrus Bowl. Leaving on December 27, 2016 and returning January 1, 2018.
 - 10.6e Argonaut High School West Hills College Wrestling Tourney. Leaving on December 28, 2017 and returning on December 30, 2016.

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

Date: 11-1-16

School Site/Department: Jackson Elem / Library

Name of person completing this form: Vicki Laster

Description of Gift/Contribution: Jackson Rancheria Grant Program, \$3,000 for library improvement

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: Jackson Rancheria

Mailing Address: P.O. Box 1090

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 UNIFIED SCHOOL DISTRICT

JACKSON ELEMENTARY SCHOOL



220 Church Street, Jackson, California, 95642

(209)257-5600 - Fax (209)223-2366

Barbara Magpusao, M.A. – Principal

Jana Whitlock – Administrative Assistant

November 4, 2016

Dear Jackson Rancheria,

On behalf of Jackson Elementary School Library, I would like to thank you for your generous donation of \$3,000 made on October 20, 2016.

Our library continues to add new and current books to our always expanding collection, thanks in part to the generosity of community leaders such as yourself. Once again, thank you for your thoughtfulness.


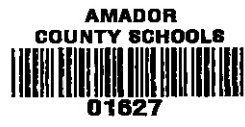
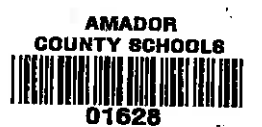


Sincerely,

Barbarba Magpusao
Principal

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

School Site/Department: District Office Date: 11-10-16

Name of Person Completing Form: Dawn Griffin

Item I.D. # and Inventory Sticker	Description of the Item Including: Brand, Model, Year Purchased	Reason for Surplus Request
#7136 	AL-1000 Overhead Projector.	No longer used
#1627 	Sharp TV	No longer used
#1628 	Panasonic VHS Recorder	No Longer used
#2190 	Magnitude SR-3200 Satellite Receiver	No longer used
#2189 	Chaparral 100c Plus Videocipher	No longer used.

Administrator's Signature: Nancy Kohlman Date: 11-10-16

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

School Site/Department: Argonaut Date: 11/18/16

Name of Person Completing Form: Tammie Kaur

Item I.D. # and Inventory Sticker	Description of the Item Including: Brand, Model, Year Purchased	Reason for Surplus Request
5004	Stero DYNASCOPE microscope	Do not use

Administrator's Signature: Kelly Kaur Date: 11/21/16

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

School Site/Department: Ione Elem Date: 11-30-16

Name of Person Completing Form: Carole Sorini

Item I.D. # and Inventory Sticker	Description of the Item Including: Brand, Model, Year Purchased	Reason for Surplus Request
1 table top desk		Broken
1 tv stand		Ruined
Book shelf		Broken
3 file cabinet		Broken
1 cabinet		Broken

Administrator's Signature: Jeni DeWalt Date: 11-30-16

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

School Site/Department: Travis Elementary Date: 11-30-16

Name of Person Completing Form: Carole Sorini

Item I.D. # and Inventory Sticker	Description of the Item Including: Brand, Model, Year Purchased	Reason for Surplus Request
<u>v20</u>	<u>DESKS</u>	<u>BROKEN cannot be fixed</u>
<u>x</u>	<u>tables</u>	<u>Ruined</u>
<u>1</u>	<u>rolling desk chair</u>	<u>rotten upholstery</u>
<u>3</u>	<u>tables</u>	<u>Ruined</u>
<u>1</u>	<u>trapezoid table</u>	<u>Ruined</u>

Administrator's Signature: Jeni DeWalt Date: 11-30-16

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 Unified School District / Amador County Office of Education

Request to Surplus

School Site/Department: Jene Elem Date: 11-30-16

Name of Person Completing Form: Carole Sorini

Item I.D. # and Inventory Sticker	Description of the Item Including: Brand, Model, Year Purchased	Reason for Surplus Request
1 wooden Shelf		Rotten
1 weather station pole		NO LONGER USE
20 sacks of Rubber - Buck chips		FROM OLD PLAY GROUND
metal compote Lid		Not Being used

Administrator's Signature: Jene DeWalt Date: 11-30-16

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: _____

OVERNIGHT FIELD TRIP REQUEST FORM

For the Board Meeting Dated: _____

School: Jackson Jr. High Date of Request: 11-9-16

Departure Date: 5-5-17 Return Date: 5-7-17

Departure Time: 8:00am Return Time: 6:30pm

Destination of Trip (Location and City): Ashland Oregon

Purpose of Trip: Theater/Drama Experience

Name of Sponsoring Organization: _____

Source(s) of Funds for Trip: Students / Fundraiser

Name of Fieldtrip Director/Instructor: Janet De Leo

Number of Students: 18 Grade Level: 6-8

Number of Chaperones: 5

Names of Chaperones: Janet DeLeo, Kevin Porter, Dawn Parka, Jenny Upchurch, Kandi Thompson

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

Volunteer Driver Form Completed (required): ✓ yes _____ yet to be filed

Name and Address of Overnight Accommodations: Abbott's Cottages
464 N Main St, Ashland, OR 97520

Instructor's Signature: Janet DeLeo Date: 11-9-16

Site Administrator: Janet DeLeo Date: 11-9-16

* 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.

OVERNIGHT FIELD TRIP REQUEST FORM

For the Board Meeting Dated: _____

School: Argonaut High School Date of Request: 11/22/16

Departure Date: Dec. 28, 2016 Return Date: Dec. 30, 2016

Departure Time: 3:00 p.m. Return Time: 8:00 p.m.

Destination of Trip (Location and City): West Hills College
555 college Ave Lemoore CA, 93245

Purpose of Trip: Wrestling Tourney

Name of Sponsoring Organization: Selma High Wrestling

Source(s) of Funds for Trip: Argonaut High Wrestling

Name of Fieldtrip Director/Instructor: GARY LANDERGEN

Number of Students: 6 Grade Level: 9-12

Number of Chaperones: 2

Names of Chaperones: GARY LANDERGEN, Brian Whaling

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

Volunteer Driver Form Completed (required): X yes _____ yet to be filed

Name and Address of Overnight Accommodations: Best Western Inn & Suites
820 E. Bush St, Lemoore CA, 93245

Instructor's Signature: Gary Landergen Date: 11/22/16

Site Administrator: Kelly Hill Date: 11/28/16

* 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.

OVERNIGHT FIELD TRIP REQUEST FORM

For the Board Meeting Dated: 12/14/16

School: Argonaut High School

Date of Request: 11/17/16

Departure Date: December 1st 2016

Return Date: December 4th 2016

Departure Time: 0700 hrs

Return Time: 1800 hrs

Destination of Trip (Location and City): Booneville, California

Purpose of Trip: Redwood Classic Boys Varsity Basketball Tournament

Name of Sponsoring Organization: Boys Basketball

Source(s) of Funds for Trip: Argonaut Boys Basketball account

Name of Fieldtrip Director/Instructor: Jon Gilliam - Basketball Head Coach

Number of Students: 12

Grade Level: 10, 11, 12

Number of Chaperones: 3

Names of Chaperones: Jon Gilliam, Jeff Lotaw, Jeff Cramer

Mode of Travel (circle one): School Bus Charter Bus Van Plane Tram

Private Vehicle (Insurance on file Yes No)

Volunteer Driver Form Completed (required): yes yet to be filed

Name and Address of Overnight Accommodations: Rivers Bend Retreat
18450 Rays Road, Philo CA 95466

Instructor's Signature: [Signature]

Date: _____

Site Administrator: [Signature]

Date: 11/17/16

* 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.

OVERNIGHT FIELD TRIP REQUEST FORM

For the Board Meeting Dated: _____

School: ARCADIAN HIGH Date of Request: 11/22/16

Departure Date: DEC. 9, 2016 Return Date: DEC. 11, 2016

Departure Time: 2:30 p.m. Return Time: 6:00 p.m.

Destination of Trip (Location and City): MCKINLEYVILLE High School
1300 MURRAY ROAD, MCKINLEYVILLE, CA 95819

Purpose of Trip: WRESTLING TOURNEY

Name of Sponsoring Organization: WRESTLING - MCKINLEYVILLE

Source(s) of Funds for Trip: ARCADIAN HIGH WRESTLING

Name of Fieldtrip Director/Instructor: GARY LANDEGREN

Number of Students: 10

Grade Level: 9-12

Number of Chaperones: 2

Names of Chaperones: GARY LANDEGREN, Brian Whaling

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

Volunteer Driver Form Completed (required): X yes _____ yet to be filed

Name and Address of Overnight Accommodations: Best Western Arcata Inn
4827 Valley W Blvd. Arcata CA. 95521

Instructor's Signature: Gary Landegren

Date: 11/22/16

Site Administrator: [Signature]

Date: 11/22/16

* 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

OVERNIGHT FIELD TRIP REQUEST FORM

For the Board Meeting Dated: _____

School: Argonaut High School Date of Request: 11/17/16

Departure Date: 12-27-16 Return Date: 1-1-17

Departure Time: 11:05 pm Return Time: 12:30 pm

Destination of Trip (Location and City): _____
Orlando, FL

Purpose of Trip: Pre game performance - Citrus Bowl

Name of Sponsoring Organization: Varsity

Source(s) of Funds for Trip: fundraising / parent payments

Name of Fieldtrip Director/Instructor: Laura Floyd

Number of Students: 14

Grade Level: 8-12

Number of Chaperones: 8

Names of Chaperones: Laura Floyd, Matt Floyd, Chrissy Robles, Natalie Goetze, Caela White, Katie Cereer, Adrenne Hawkins, Lestelle Van O'Hee

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

Volunteer Driver Form Completed (required): _____ yes yet to be filed

Name and Address of Overnight Accommodations: Disney All Star Resort - Disneyworld Lake Buena Vista FL.

Instructor's Signature: Laura Floyd

Date: 11/17/16

Site Administrator: Kelly Lewis

Date: 11/22/16

* 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