

TRIP SCHEDULE



Inside the Outdoors® Watershed Program

Return this schedule at least FOUR WEEKS PRIOR to your participation. EMAIL (ITOregistration@ocde.us), FAX (714-662-8716), or District Mail to: Inside the Outdoors #94, 200 Kalmus Drive, Costa Mesa, CA 92628.

| SCHOOL INFOR | MATION | | TRANSPO | RTATION | |
|--|--------------------------------------|-------------------|--|----------------|--|
| School | | | - District bus Charter bus No. of buses | | |
| Phone | | | - Bus phone nu | ımber | |
| District | strict City | | | | |
| *Number of Students Attending the Field Trip Grade Departure time from school *If your enrollment changes, you must phone or fax us at least 20 business days prior to the scheduled Field Trip date with the revise enrollment number to avoid additional fees. | | | Number of cars | | _ (Please limit number of cars.) |
| | | | Emergency vehicle driver | | |
| | | INCLEMEN | T WEATHER | | |
| Primary Contact Name | 2 | | Secondary Contac | et Name | |
| Home/Cell Phone* | | | Home/Cell Phone* | | |
| \Box Please text me with this information. | | | □ Please text me with this information. | | |
| □ Teacher □ Princip | al 🗆 Vice Principal | □ Office Staff | \Box Teacher \Box Pr | incipal 🛛 V | ice Principal D Office Staff |
| I am attending this Fie | ld Trip. 🗆 Yes 🗆 N | No | I am attending thi | s Field Trip. | □ Yes □ No |
| *Phone numbers | nust be different fr | rom the school | number unless | the school o | office is open by 6:00 a.m. |
| LOCATION, DATE and TIME | | | NUMBER OF GROUPS | | |
| □ Aliso Woods □ Santiago Oaks | | | Split students into groups of 18-20. Choose any group names. Keep student groups together on buses. Assign at least one adult per group. See Resources Tab on website for details. | | |
| DATE Program times □ a.m. 9:00 - 11:00 | | | | | |
| | □ p.m. 11:30 - 1 | :30 | C | F rog | □ Bobcat |
| (Arrive 10 minutes earl | y. Late arrival will she | orten program til | me.) E | Heron | □ Hawk |
| You may eat lunch o | n site before or after | your program. | | | |
| | | DAY C | DF TRIP | | |
| □ Group List (2 co □ Bring Medical R | pies with absences c elease Forms | crossed off) | □ Name ta | gs with safe | ty pins on students |
| SPECIAL MEDICAI Student/Teacher/Cha | | | bee stings, epilepsy, Medical Need | heart conditio | n, severe asthma, pregnancy, etc.) Group Name |
| | | | | | |