



# TRIP SCHEDULE



## Inside the Outdoors® at Great Park

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 INFORMATION

School \_\_\_\_\_

Phone \_\_\_\_\_

District \_\_\_\_\_ 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 revised enrollment number to avoid additional fees.

### TRANSPORTATION

District bus  Charter bus No. of buses \_\_\_\_\_

Bus phone number \_\_\_\_\_

Will bus remain on site?  Yes  No

Number of cars \_\_\_\_\_ (Please limit number of cars.)

Emergency vehicle driver \_\_\_\_\_

Teacher  Parent

### INCLEMENT WEATHER

Primary Contact Name \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_

Home/Cell Phone\* \_\_\_\_\_

(Primary Contact will be notified between 5:45 and 6:30 a.m. on the day of the trip for possible reschedule.)

Please text me with this information.

Teacher  Principal  Vice Principal  Office Staff

I am attending this Field Trip.  Yes  No

Home/Cell Phone\* \_\_\_\_\_

(If the primary contact is not available, secondary contact will be notified between 5:45 and 6:30 a.m. on the day of trip.)

Please text me with this information.

Teacher  Principal  Vice Principal  Office Staff

I am attending this Field Trip.  Yes  No

**\*Phone numbers must be different from the school number unless the school office is open by 6:00 a.m.**

### DATE and TIME

DATE

### Program times

9:00 am - 11:00 am

11:30 am - 1:30 pm

(Arrive 10 minutes early. Late arrival will shorten program time.)

### NUMBER OF GROUPS

- Split students into groups of 18 to 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.

Orange  Tangerine

Avocado  Strawberry

### DAY OF TRIP

Group List (2 copies with absences crossed off)

Bring Medical Release Forms

Name tags with safety pins on students

Lunches in boxes, separated and labeled by group

**SPECIAL MEDICAL NEEDS** (reduced mobility, allergic to bee stings, epilepsy, heart condition, severe asthma, pregnancy, etc.)

Student/Teacher/Chaperone Name

Medical Need

Group Name

\_\_\_\_\_

\_\_\_\_\_

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