



TRIP SCHEDULE



Inside the Outdoors® at Helena Modjeska House

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 begins 9:00 a.m.

Program ends 12:00 p.m.

Note any time changes

NUMBER OF GROUPS

- 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.

- Lemon Olive
 Rose Oak
 Orange Avocado

DAY OF TRIP

- Group List (2 copies with absences crossed off) Name tags with safety pins on students
 Bring Medical Release Forms

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

Student/Teacher/Chaperone Name	Medical Need	Group Name
_____	_____	_____
_____	_____	_____
_____	_____	_____