



Inside the Outdoors Trip Schedule - Field Trip - Full Day



Return this schedule at least **FOUR WEEKS PRIOR** to your participation.

Email: ITOregistration@ocde.us

School Information

School Name	
School Phone	
District	
City	

Transportation

District Bus	Charter Bus
# of buses	
# of cars	
Emergency vehicle driver	
	Teacher Parent

Number of Students Attending*

Grade level attending

*If your enrollment changes, you must email at least 20 days prior to the scheduled field trip date with the revised enrollment to avoid additional fees.

Inclement Weather (You will be contacted between 5:45-6:30 am on the day of the trip for possible reschedule information.)

Primary Contact Name <input style="width: 150px; height: 20px;" type="text"/>	Secondary Contact Name <input style="width: 150px; height: 20px;" type="text"/>
Cell Phone Number <input style="width: 150px; height: 20px;" type="text"/>	Cell Phone Number <input style="width: 150px; height: 20px;" type="text"/>
Please text me with this information	Please text me with this information
Teacher Office Staff	Teacher Office Staff
Principal Vice Principal	Principal Vice Principal

Field Trip Program: Full Day

- Crystal Cove
- Irvine Regional Park - 4th Grade
- Irvine Regional Park - 5th Grade
- Irvine Regional Park - 6th Grade
- Other
- Other

Number of Groups

- * Split students into groups of 18-20
 - * Select group names below
 - *Assign at least one adult per group
- | | |
|--------|--------|
| Bobcat | Deer |
| Coyote | Eagle |
| Hawk | Rabbit |
| Lizard | Snake |

Date of Field Trip

Field Trip Times

Program Start Time: 9:00 a.m.
Program End Time: 2:30 p.m.

Use this section to indicate your arrival/ departure time if adjustments are needed.

Day of Field Trip Reminders

- Be prepared to hike! Teachers and adult volunteers too!
- Lunches in boxes, separated and labeled by group names
- Bring Group List – 2 copies with absences crossed off
- Bring OCDE/Inside the Outdoors Medical Release Forms
- Have students in groups with labeled name tags

Unique Student Needs (reduced mobility, allergic to bee stings, health conditions that would impact participation)

Student/Teacher/Chaperone Name	Unique Need	Group Name

Notes: