

Redwood City School District
750 Bradford Street • Redwood City, CA 94063 • 650-423-2200

FIELD TRIP REQUEST FORM

To be completed by the coordinator/teacher: Jessica Sue

☐ Regular Field Trip Chaperone Ratio (10:1) or ☒ Water/Overnight Chaperone Ratio (7:1)

School: ORION ALTERNATIVE SCHOOL **Field Trip Activity:** Outdoor Education

Location: 11000 Pescadero Creek RD **Date(s) of Field Trip:** November 30th - December 04th, 2026

Educational Purpose: Science and Nature through hands-on lessons in an overnight camping setting.

Number of Students: 44 **Number of Adults:** 2

*Nursing needed for one or more students (Diastat, Insulin, Feeding Tube or other condition etc.): **NO**

*Special Services needed for one or more students (Deaf/Hard of Hearing/Visually Impaired, Wheelchair etc.): **NO**

☒ **Megan's Law website checked for all chaperones** **Method of Transportation:** BUS

If transportation is to be provided by private vehicles, the following information has been checked and obtained:

Driver Form signed by each private car driver certifying the following:

- The driver is over 25 years of age and possesses a valid California driver's license. ● Vehicle to be used is insured for at least the minimum required by the state of California. ● Vehicle has the proper number of safety belts as required by state law.
- The vehicle's rear-view mirrors, brake lights, directional signals, tires, windshield wipers are in good operating condition and there is no vision impairment in the vehicle.
- Booster Seat for children who are under 8 and 80 pounds, per California law ● The vehicle has a first aid kit.

To be completed by Site Administration or Management:

___ Volunteers have been fingerprinted through H.R. at least two weeks prior

___ Volunteers have cleared HR for COVID vaccination status (office mgrs. have records). ___ *Contact Director of Health and Wellness and/or Director of Special Education at least 4 weeks prior to a field trip to coordinate services. Please make a copy of this form and give it to your School Nurse or the Special Ed Department to assist with services.

Principal's Signature: Winnie Ch 9/16/26 **Date:** _____ Updated
June 2024