

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: Holm / Teupel

☐ Regular/Local Field Trip: Chaperone Ratio (10:1) or ☒ Water/Overnight/Out-of-country:
Chaperone Ratio (7:1)

School: Henry Ford Field Trip Activity: OUTDOORED

Location: Jones Gutch Date(s) of Field Trip: 04-05 TO 04/09 2027

Educational Purpose: Students observe redwood ecology, plants, coastal marshes, food chains and animal adaptations.

Number of Students: 59 Number of Adults: 2

Method of Transportation: BUS

**Nursing needed for one or more students
(Diastat, Insulin, Feeding Tube or other
condition etc.):

☐ Yes ☒ No

**Special Services needed for one or more
students (Deaf/Hard of Hearing/Visually
Impaired, Wheelchair etc.):

☐ Yes ☒ No

***If yes, the site admin is to contact the Director of Health and Wellness and/or the Director of Special Education at least 4 weeks prior to a field trip to coordinate services.*

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:

- 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, and 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
- 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

___ Megan's Law website checked for all chaperones

___ **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: _____

Date: _____

10/26/26