



Santa Cruz Office of Education
Outdoor Science School



Two Week Checklist

⇒ Fax this form two weeks before you attend (831) 466-5946
Please allow for holidays and breaks when school is not in session

School _____ District _____
 School Phone () _____ Fax _____
 Contact Person _____ Number of Boys _____
 Contact Email _____ Number of Girls _____
 Principal _____ Total _____
 Principal's Home Phone* _____ Grade 5th 6th (circle one)

*Confidential – For emergency only, after school hours

Bus Co. _____ Bus Phone () _____
 Dispatcher's Name _____ After Hours Phone () _____
 Bus will leave school at _____ a.m. Arrival time at OSS is 10am on the first day.
 Buses should arrive on site on the last day at 10:30am.

Important: Confirm all special needs students who will attend OSS.

Student Name	Condition	Parent Name/Phone
1. _____	_____	Phone _____
2. _____	_____	Phone _____
3. _____	_____	Phone _____
4. _____	_____	Phone _____
5. _____	_____	Phone _____
6. _____	_____	Phone _____

(Continue on separate sheet if necessary)

Teacher's Name*	Male or Female	5 th /6 th Grade Teacher or Substitute
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Please note there must be one teacher for every 35 students

Visitors (Principal, Teacher, etc.)		Date and Time	
Name/Title	Arrival	Departure	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____