



SANTA CRUZ
COUNTY OFFICE OF
EDUCATION
DR. FARIS SABBAH - SUPERINTENDENT OF SCHOOLS

Santa Cruz Office of Education
Outdoor Science School
Two Week Checklist



⇒ Email this form two weeks before you attend to
jlangley@santacruzcoe.org

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 _____

*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 10:30am on the first day. Buses should arrive on site on the last day at 10:30am.

Important: Confirm any students with behavioral or medical special needs who will attend OSS.

Student Name	Condition	Parent Name/Phone
1. _____	_____	_____
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	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____