

Orinda Union School District 8 Altarinda Road •Orinda •California 94563 925-254-4901

REQUEST FOR A FIELD STUDY TRIP

SITE:	DR	GL	OIS	. SH	WR
Teache	Feacher:Todays Date:				
Grade: Number of Stude			nts:	Number of Adults:	
Destin	ation:	(If Wa	gner Ranch Natu	re Area, specify area(s	s) to be used)
Date o	f Trip:	Departu	re Time:	Return to Schoo	l Time
Emerg	ency phor	ne number for Teache	er:		
Trip related to specific grade level unit:					
Objectives to be attained:					
	Teacher	· led activity			
Docent led activity -Name of docent organization:					
Volunteer led activity- Name of volunteer:					
Follow Up activities:					
Equipment needed:					
Transportation: Students will travel to their destination by:					
Private Vehicle Bus Other If other, please specify:					

- If Private Vehicle- Confirm that all parent drivers have proof of current auto insurance on file.
- If Bus- Complete the bus request form
- Attach letter informing parents about this trip to this form