

Two Week Checklist

Send in this form two weeks before attendance to:

info@ecosinstitute.com

Please allow for ho	lidays and	breaks when school is no	et in session.	
School	Dist.	Date		
School Phone		# of Boys	# of Girls	
School Fax		Grade (5th/6	6th) Total	
Contact Person			·	
Email Address				
Principal				
Principal's Home Phone*				
*Confidential - for emergency only, after school	l hours.			
Bus Company		Bus Phoi	ne	
Dispatcher's Name		After Hou	irs	
Bus will leave school at	a.m. Arı	rival time at ECOS is 11	:00am on the first day.	
Buses should arrive on site on the last day no last	ter than 10:0	00 a.m. to load and leave by	11:00 a.m. Transportation	
understands that buses must carry chains during	g winter wea	ther conditions.	YES NO	
On the morning of departure all stude	ents tempe	erature must be taken, re	ecorded, and a copy sent to the	
program director. Students w	_			
p- 0 9				
Important: Confirm all students w	ith specia	I needs and medical co	ncerns who will attend ECOS.	
Student Name	•	Condition	Parent Name/Phone	
Student Name		Condition	Parent Name/Phone	
	-			
			Tel	_
			T-1	_
			Tel.	_
			T.I.	
			Tel.	
			T.I.	
	-		Tel	
	-			
	-		Tel.	
	Male or	If leading a trail, pick ECC	D. GEO. or BIO.	_
Teacher's Name *	Female:	If assisting, leave blank	E-Mail Address:	
roadnor o riamo	i dilialo.		E Mail / taa1000.	
			· -	_
			· -	_
			· -	_
			· -	_
			· -	_
* Please note there must be one teacher for ever		dents	<u> </u>	_
Visitors (Principal, DARE Officer, e			ite and Time	_
Name/Title	., (i.)	Arrival		
rvairie/ ritie		Allival	Departure	