



Accredited by the Middle States Association/Council on Elementary and Secondary Education

# Bridgehampton Union Free School District

P.O. Box 3021, 2685 Montauk Highway, Bridgehampton, NY 11932  
Telephone: (631) 998-1300      www.bridgehamptonschool.com      Facsimile: (631) 998-1381

## FIELD TRIP PERMISSION FORM

DATE wednesday April 17th WE ARE PLANNING A FIELD TRIP

TO Amber waves Farm.

TRANSPORTATION WILL BE PROVIDED AND THERE WILL BE ADEQUATE SUPERVISION. IF YOU WISH TO HAVE YOUR CHILD TAKE PART IN THIS ACTIVITY, PLEASE INDICATE BELOW. SIGN AND RETURN TO US AS SOON AS POSSIBLE.

PURPOSE OF THIS FIELD TRIP IS: To learn more about a working farm

DEPARTURE TIME: 9:15  
RETURN TIME: 12:00

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:  
water bottle, and dress for the weather

TEACHER(S) Alexandra de Souza & Cristine Paucar

*Please fill in permission slip below. Tear on dotted line below and return to school.*

STUDENT NAME \_\_\_\_\_ HAS MY PERMISSION \_\_\_\_\_  
TO GO ON THE FIELD TRIP TO \_\_\_\_\_ ON (DATE) \_\_\_\_\_.

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT THE FOLLOWING:

### PRIMARY CONTACT

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### ALTERNATE CONTACT

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_



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## PERMISO PARA VIAJE

EL DIA Miércoles Abril 17<sup>th</sup> ESTAMOS PLANEANDO UN VIAJE DE ESTUDIO

A Amber Waves Farm SE PROVEERA TRANSPORTACION Y HABRA LA SUPERVISION ADEQUADA. SI USTED DECEA QUE SU HIJO (A) PARTICIPE EN ESTA ACTIVIDAD, POR FAVOR INDIQUELO EN LA PARTE POSTERIOR. FIRME Y DEVUELVALO A NOSOTROS LO MAS PRONTO POSIBLE.

PROPOSITO DE ESTE VIAJE DE ESTUDIO: Para aprender más sobre una granja en funcionamiento

HORARIO DE SALIDA: 9:15

HORARIO DE REGRESO: 12:00

SU HIJO (A) ES RESPONSABLE DE TRAER LO SIGUIENTE:

Botella de agua y ropa para el clima

PROFESOR(ES) Alexandra de Souza

*Desprenda la parte posterior y devuelva a la escuela*

(NOMBRE DE EL (LA) ESTUDIANTE) \_\_\_\_\_ TIENE MI

PERMISO PARA ASISTIR A ESTE VIAJE DE ESTUDIO A \_\_\_\_\_ EL DÍA \_\_\_\_\_.

EN CASO DE EMERGENCIA FAVOR DE CONTACTAR LAS SIGUIENTES PERSONAS:

PRIMER CONTACTO

NOMBRE: \_\_\_\_\_ RELACION: \_\_\_\_\_

Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_

CONTACTO ALTERNO

NOMBRE: \_\_\_\_\_ RELACION: \_\_\_\_\_

Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_

FIRMA DE EL PADRE / MADRE O TUTOR \_\_\_\_\_