

TRIP # 1 5<sup>th</sup>/6<sup>th</sup> grade



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) 537-0271

[www.bridgehampton.k12.ny.us](http://www.bridgehampton.k12.ny.us)

Facsimile: (631) 537-9038

## FIELD TRIP PERMISSION FORM

DATE Wed, May 16<sup>th</sup> WE ARE PLANNING A FIELD TRIP

TO Springs School

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: Presented by: Brooks Gibbs - Social Skills Educator

DEPARTURE TIME: 9:30 AM  
RETURN TIME: 11:30 AM

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:

Nothing

TEACHER(S) S. Meyers

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 Springs School ON (DATE) 5/16/18

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 \_\_\_\_\_