



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 June 3, 2024 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: harvest crops + cook with them!

DEPARTURE TIME: 8:30  
RETURN TIME: 11:30

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:

comfortable shoes, water bottle

TEACHER(S) Federico, Byrne, Liberatore, Daugherty

*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 \_\_\_\_\_ ESTAMOS PLANEANDO UN VIAJE DE ESTUDIO

A \_\_\_\_\_ 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: \_\_\_\_\_

HORARIO DE SALIDA: \_\_\_\_\_

HORARIO DE REGRESO: \_\_\_\_\_

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

PROFESOR(ES) \_\_\_\_\_

*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 \_\_\_\_\_