



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, June 5, 2024 WE ARE PLANNING A FIELD TRIP

TO The Central Park Zoo, Central Park NYC

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: Learn about different outdoor space

DEPARTURE TIME: 7:45 am

RETURN TIME: bus returns to Bridgehampton at 6:41  
back to school approximately 7:05pr

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:

bag lunch, drink, good walking shoes,  
money for zoo shop (optional),  
sweater/rain coat if necessary.

TEACHER(S) Mrs. Kirwan/Outdoor  
Club

*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 cinco de Junio ESTAMOS PLANEANDO UN VIAJE DE ESTUDIO

A Central Park Zoo 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: aprender sobre diferentes espacios al aire libre

HORARIO DE SALIDA: 7:45am <sup>caminar</sup> hasta el autobus parada de autobus 6:45 PM

HORARIO DE REGRESO: 7:05pm en la escuela

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

Almuerzo y bolsa de papel, bebida, buenos zapatos para caminar y dinero para la tienda del zoológico

PROFESOR(ES) Senora Kirwan

*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 \_\_\_\_\_