



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 May 22, 2024 WE ARE PLANNING A FIELD TRIP

TO South Fork Natural History Museum

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: Educational Experience

DEPARTURE TIME: 9:30am  
RETURN TIME: 1:00 pm

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:  
water bottle, bagged lunch, dress for the weather,  
wear sneakers, bring hat

TEACHER(S) Alexandra deJauza, Ms. Federico, Mr. Byrne, Ms. Minichello, Ms. Nordt

*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 22 de Mayo ESTAMOS PLANEANDO UN VIAJE DE ESTUDIO

A South Fork Natural History Museum 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: Experiencia educativas

HORARIO DE SALIDA: 9:30 am

HORARIO DE REGRESO: 1:00 pm

SU HIJO (A) ES RESPONSABLE DE TRAER LO SIGUIENTE:  
Botella de agua, almuerzo en bolsa, vestirse según el clima,  
Usar Zapatillas de deporte, traer un sombrero

PROFESOR(ES) Alexandra de Souza, Mr. Federico,  
Mr. Byrne, Ms. Minichiello, Mj. Nordt  
*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 \_\_\_\_\_