



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 Friday November 15 WE ARE PLANNING A FIELD TRIP

TO the Hampton Library

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 about the public library

DEPARTURE TIME: 12:15  
RETURN TIME: 1:45

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:

Please wear sneakers and dress for the weather

TEACHER(S) Schaefer, Merkert, Garcia, Candelaria, Selvaggio

*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 viernes 15 de noviembre ESTAMOS PLANEANDO UN VIAJE DE ESTUDIO

A Hampton Library 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 la biblioteca pública

HORARIO DE SALIDA: 12:15

HORARIO DE REGRESO: 1:45

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

vestir apropiado para el clima y usar zapatos cómodos

PROFESOR(ES) Schaefer, Merkert, Garcia, Candelaria, Selva

*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 \_\_\_\_\_