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_	Thursday, November 21st	WE ARE PLANNING A FIELD TRIP	
TO	Southampton Fire Department		
TRANS	PORTATION WILL BE PROV	VIDED AND THERE WILL	 BE ADEQUATE SUPERVISION
IF YOU	WISH TO HAVE YOUR CHI	LD TAKE PART IN THIS	ACTIVITY, PLEASE INDICATE
BELOW	. SIGN AND RETURN TO U	S AS SOON AS POSSIBLE	
PURPOSE OF THIS FIELD TRIP IS:		Interact Club Thanksgiving Food Drive	
rukru.	se of this field trip is:		
		DEPARTURE TIME:	11:30am
		RETURN TIME:	2:00pm
YOUR (CHILD WILL BE RESPONSIB	LE FOR BRINGING THE	FOLLOWING:
	N/A		
TEACH	ER(S) Mr. Barker and Ms. Ozsu		
	Please fill in permission slip	below. Tear on dotted line belo	ow and return to school.
STUDE	NT NAME		HAS MY PERMISSION
TO GO ON THE FIELD TRIP TO		ON (DATE)	
IN THE	EVENT OF AN EMERGENCY	Y, PLEASE CONTACT TH	E FOLLOWING:
PRIMAI	RY CONTACT		
NAME:		RELATIONSHIP:	
Address:		Telephone:	
	IATE CONTACT		
NAME:_		RELATIO	DNSHIP:
			ne:
	TURE OF PARENT OR GUAR		