## 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	October, 16, 2024	WE ARE PLANNING A FIELD TRIP		
ТО	Southampton High School			
IF YOU		LD TAKE PART IN THIS	L BE ADEQUATE SUPERVISION. ACTIVITY, PLEASE INDICATE E.	
PURPOSE OF THIS FIELD TRIP IS:		College Fair		
		DEPARTURE TIME: RETURN TIME:	11:15AM	
			1:30PM	
YOUR Money	CHILD WILL BE RESPONSIB y for a lunch stop or bagged lunch.	LE FOR BRINGING THE	FOLLOWING:	
TEACH	HER(S) Danielle Doscher, Ryan Ba	arker		
	Please fill in permission slip	below. Tear on dotted line bel	ow and return to school.	
STUDE	ENT NAME		HAS MY PERMISSION	
TO GO ON THE FIELD TRIP TO		ON (DATE)		
IN THI	E EVENT OF AN EMERGENC	Y, PLEASE CONTACT TH	E FOLLOWING:	
PRIMA	ARY CONTACT			
NAME:		RELATIONSHIP:		
Address:		Telephone:		
ALTER	NATE CONTACT			
NAME	:	RELATIO	ONSHIP:	
Addres	s:	Telepho	ne:	
SIGNA	TURE OF PARENT OR GUAR	DIAN		