



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, MAY 13<sup>th</sup> - SATURDAY, MAY 14<sup>th</sup> WE ARE PLANNING A FIELD TRIP  
TO NEW YORK CITY

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: SPEND TWO DAYS VISITING CULTURAL  
INSTITUTIONS IN NYC <sup>ONE NIGHT</sup>  
DEPARTURE TIME: 6am - 5/13  
RETURN TIME: 10pm - 5/14

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:

A letter will be attached with this form  
detailing the itinerary, expectations, and plans.  
TEACHER(S) J.C. PAPPAS, C. JOHNSON

*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 \_\_\_\_\_