



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 6/17/24 WE ARE PLANNING A FIELD TRIP

TO Bridgehampton town.
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: Deliver thank you notes to
community helpers
DEPARTURE TIME: 10:00
RETURN TIME: 11:00

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:

comfortable clothes

TEACHER(S) Kristina Minichello

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 6/17/24 ESTAMOS PLANEANDO UN VIAJE DE ESTUDIO

A Bridgehampton town 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: _____

HORARIO DE SALIDA: 10:00

HORARIO DE REGRESO: 11:00

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

PROFESOR(ES) Kristina Minichello

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 _____