



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) 537-0271

www.bridgehampton.k12.ny.us

Facsimile: (631) 537-9038

FIELD TRIP PERMISSION FORM

DATE 1/21/22 WE ARE PLANNING A FIELD TRIP

TO Sachem HS North

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: Marimba Performance at LI Day of Percussion

DEPARTURE TIME: 1:00
RETURN TIME: 10:30

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:

Dashiki, \$ for food

TEACHER(S) D. Elliott

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 Sachem HS North ON (DATE) 1/21/22

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 1/21/22 ESTAMOS PLANEANDO UN VIAJE DE ESTUDIO

A Sachem HS North 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: Marimba Performance @ 11 Day of Percussion

HORARIO DE SALIDA: 1:00pm

HORARIO DE REGRESO: 10:30pm

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

Dashiki, \$ for food

PROFESOR(ES) _____

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 Sachem HS North EL DIA 1/21/22.

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 _____