



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 May 6, 2024 WE ARE PLANNING A FIELD TRIP

TO Southampton High School Planetarium.

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: to explore atmospheric conditions of Earth & Venus.  
To discover the interlocking systems of our climate.

DEPARTURE TIME: 9:10 am  
RETURN TIME: 11:30 am

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:

N/A

TEACHER(S) Susan Conklin, Kameron Kaiser, Kelly Tureski

*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 Southampton Planetarium ON (DATE) May 6, 2024

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 May 6, 2024 ESTAMOS PLANEANDO UN VIAJE DE ESTUDIO

A Southampton HS. Planetarium 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: Para explorar las condiciones atmosféricas de la Tierra y Venus.

HORARIO DE SALIDA: 9:10 am.

HORARIO DE REGRESO: 11:30 am.

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

N/A

PROFESOR(ES) Susan Conklin, Kameron Kaiser, Kelly Tureski

*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 Southampton HS planetarium EL DÍA May 6, 2024.

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 \_\_\_\_\_