



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 Tuesday, May 21st, 2024 WE ARE PLANNING A FIELD TRIP

TO Broadway Theatre - 1681 Broadway NY, NY 10019.

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: The Great Gatsby - Performance

Students will depart from _____ and return to the Bridgehampton Community House. Students will NOT be departing from and/or returning to Bridgehampton School

DEPARTURE TIME: 2:55 pm

RETURN TIME: 12:15 am

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:

Bring money for food and snacks

TEACHER(S) Ms. Carman, Mr. House, Mrs. Conklin

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 _____