



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 Wed., June 12, 2019 WE ARE PLANNING A FIELD TRIP

TO The Ward Melville Heritage Organization Setauket, N.Y.
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: Participate in educational programs at historical sites - The Brewster and Thompson House

DEPARTURE TIME: 8:00 am

RETURN TIME: 2:30 pm

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:

bagged lunch

TEACHER(S) Marie Hand + Laura Keenan

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 June 12, 2019 ESTAMOS PLANEANDO UN VIAJE DE ESTUDIO
A Organizacion Historica en Setauket, N.Y. 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 participar en programas
educativos sobre historia,

HORARIO DE SALIDA: 8:00 am

HORARIO DE REGRESO: 2:30 pm

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

bolsa de almuerzo

PROFESOR(ES) Marie Hand + Laura Keenan

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 _____