



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](http://www.bridgehampton.k12.ny.us) Facsimile: (631) 537-9038

## FIELD TRIP PERMISSION FORM

DATE Wednesday, 10/23 WE ARE PLANNING A FIELD TRIP

TO Gabrielsen's Farm

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: celebrate fall, study life cycles and visit a place in our community.

DEPARTURE TIME: 9:00 am

RETURN TIME: 2:00 pm

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:

brown bag lunch, no glass bottles  
\$8.00 (pumpkin, hay ride, feed animals, corn maze)

TEACHER(S) Ms. Kirwan, Ms. Merkert, Ms. Waller

*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 Gabrielsen's Farm ON (DATE) Wednesday 10/23

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 Miercoles 23/10 ESTAMOS PLANEANDO UN VIAJE DE ESTUDIO

A Gabrielsen's Farm 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: Celebrar otoño, visitar un lugar en nuestra comunidad, estudio de ciclos de vida.

HORARIO DE SALIDA: 9:00am

HORARIO DE REGRESO: 2:00 pm

SU HIJO (A) ES RESPONSABLE DE TRAER LO SIGUIENTE: Bolsa de papel para el almuerzo, NO botellas de vidrio, \$8.00 (calabaza, paseo en heno, alimentar animales)

PROFESOR(ES) Ms. Kirwan, Ms. Merkert, Ms. Waller

*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 Gabrielsen's Farm EL DÍA Miercoles 23/10.

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 \_\_\_\_\_