



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 May 12<sup>th</sup> - 15<sup>th</sup> WE ARE PLANNING A FIELD TRIP

TO Washington DC

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: 8<sup>th</sup> Grade Class Trip - 8<sup>th</sup> grade Curriculum

DEPARTURE TIME: 4:30 am on May 12<sup>th</sup>  
RETURN TIME: 2:15 pm on May 15<sup>th</sup>

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:

Money for Food (\$125)

TEACHER(S) Henry Meyer, Annette Rivera, Tom House

*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 \_\_\_\_\_