MSA CESS Accredited by the Middle States Association/Council on Elementary and Secondary Education

Bridgehampton Union Free School District

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Telephone: (631) 537-0271 www.bridgehampton.k12.ny.us Facsimile: (631) 537-9038

FIELD TRIP PERMISSION FORM

DATE May 1st, 2019 **WE ARE PLANNING A FIELD TRIP**

TO Southampton High School.

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: Guest Speaker (Perfect Playcement) MLB agent

DEPARTURE TIME: 5:45 pm.
RETURN TIME: 8:30 pm.

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:

N/A

TEACHER(S) Michael DeRosa

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 _____