



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 Monday, April 8<sup>th</sup>, 2024 WE ARE PLANNING A FIELD TRIP  
TO Suffolk County Community College Culinary Arts + Hospitality Center  
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: Learn about the Culinary Program + Tour  
campus.  
DEPARTURE TIME: 8am  
RETURN TIME: ~ 1pm

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:  
Money if you'd like to buy food at the Bakers Workshop.  
Drink + snack for the trip.

TEACHER(S) Jenna Plute + I (TRSD)

*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 4/8/24 ESTAMOS PLANEANDO UN VIAJE DE ESTUDIO  
A Centro de Hospitalidad y Artes Culinarias del Suffolk Comm. College  
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: Conozca el programa dinero y recorra el campus.

HORARIO DE SALIDA: 8am

HORARIO DE REGRESO: ~1pm

SU HIJO (A) ES RESPONSABLE DE TRAER LO SIGUIENTE:  
Dinero si deseas comprar comida en Bakers Workshop.  
Bebida y snack para el viaje.

PROFESOR(ES) Señora Plub

*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 \_\_\_\_\_