## Bridgehampton Union Free School District

P.O. Box 3021, 2685 Montauk Highway, Bridgehampton, NY 11932 Telephone: (631) 998-1300 www.bridgehamptonschool.com Facsimile: ( www.bridgehamptonschool.com Facsimile: (631) 998-1381

## FIELD TRIP PERMISSION FORM

DATE	11/14 & 11/15	WE ARE PLANNING A FIELD TRIP		
TO Sacre	ed Heart University, UCONN, Wesl	eyan University, Quinnipiac Univ	ersity, and Yale	
IF YOU V	ORTATION WILL BE PROVISH TO HAVE YOUR CHI SIGN AND RETURN TO U	LD TAKE PART IN THIS	ersity, and Yale L BE ADEQUATE SUPERVISION. ACTIVITY, PLEASE INDICATE E.	
PURPOS	E OF THIS FIELD TRIP IS:	College Tour		
		DEPARTURE TIME: RETURN TIME:	5:45AM Thursday, Nov. 14 8:00pm - Friday, Nov. 15	
YOUR C	HILD WILL BE RESPONSIE	LE FOR BRINGING THE	FOLLOWING:	
Trip fu	nded through 21st Century Grant.	Money for university gift shops	s. (Sweatshirts etc.)	
TEACHE	EACHER(S) Danielle Doscher, Ryan Barker, and Dave Elliott			
	Please fill in permission slip	below. Tear on dotted line bel	ow and return to school.	
STUDEN	T NAME	HAS MY PERMISSION		
TO GO ON THE FIELD TRIP TO		ON (DATE)		
IN THE E	EVENT OF AN EMERGENC	Y, PLEASE CONTACT TH	E FOLLOWING:	
PRIMAR	Y CONTACT			
NAME:RELATIONSHIP:			NSHIP:	
Address:		Telephone:		
ALTERNA	ATE CONTACT			
NAME:_		RELATIO	ONSHIP:	
Address:_		Telephon	ne:	
	URE OF PARENT OR GUAF			