



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 Saturday March 2nd, 2024 WE ARE PLANNING A FIELD TRIP

TO Blind Brook MS/HS, Rye Brook, NY
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: present Destination Imagination challenge solutions

DEPARTURE TIME: 6:30 am
RETURN TIME: 7:00 pm

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:
lunch and snacks

TEACHER(S) Caitlin Hansen, Rebecca Kowe, Jennifer Suarez, Alexandra Besonza

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 3/2/2024 ESTAMOS PLANEANDO UN VIAJE DE ESTUDIO

A Blind Brook MS/HS, Rye Brook NY 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: presentar "Destination Imagination"

HORARIO DE SALIDA: 6:30 am

HORARIO DE REGRESO: 7:00 pm

SU HIJO (A) ES RESPONSABLE DE TRAER LO SIGUIENTE:

almuerzo y comida

PROFESOR(ES) Caitlin Hansen, Rebecca Kave,

Jennifer Suarez, Alexandra DeSouza

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 _____