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 November 8, 2024 | WE ARE PLAN | WE ARE PLANNING A FIELD TRIP | |
|--|---|---|--|
| TO Southold High Sch TRANSPORTATION WILL BE PROV IF YOU WISH TO HAVE YOUR CHII BELOW. SIGN AND RETURN TO US | IDED AND THERE WILL ID TAKE PART IN THIS | BE ADEQUATE SUPERVISION. ACTIVITY, PLEASE INDICATE | |
| PURPOSE OF THIS FIELD TRIP IS: _ | Resume o Zuter | vien Competition | |
| | DEPARTURE TIME: RETURN TIME: | 7:45 AM 2:15 PM | |
| YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING: | | | |
| TEACHER(S) Kameron Kai See T Please fill in permission slip below. Tear on dotted line below and return to school. | | | |
| Tiense jii in permission sup (| | ow und return to schoot. | |
| 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: | RELATIO | RELATIONSHIP: | |
| Address:Telephone: | | | |
| ALTERNATE CONTACT | | | |
| NAME: | RELATIO | RELATIONSHIP: | |
| Address: | | | |
| SIGNATURE OF PARENT OR GUARI | | | |