



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

PERMISO PARA VIAJE

EL DIA October 20, 2022 ESTAMOS PLANEANDO UN VIAJE DE ESTUDIO

A Stakeys Farm 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: Explore living things and seasonal patterns

HORARIO DE SALIDA: 9:00

HORARIO DE REGRESO: 1:15

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

\$15.00, ~~una~~ bolsa de almuerzo, zapatillas deportivas, chaqueta

PROFESOR(ES) Mr. Byrne, Ms. McArdle, Mrs. Federico, Ms. Brown, Mr. Liberatori, Ms. Dougherty, Mrs. Miniciello
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 _____



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FIELD TRIP PERMISSION FORM

DATE October 20, 2022 WE ARE PLANNING A FIELD TRIP

TO Stakeys Farm

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: Explore living cycles and seasons

DEPARTURE TIME: 9:00
RETURN TIME: 1:15

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:

\$15.00, sneakers, bag lunch, sweater or jacket

TEACHER(S) Ms. McArdle, Mr. Byrne, Mrs. Federico, Mrs. Brown, Mrs. Dougherty, Mr. Liberatoire, Mrs. Mianicello

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 _____