



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 Request Form

Name of Teacher:

Caitlin Hansen

Grade Level:

K-5

Date(s) of Trip:

Monday May 20th 2024

Time of Departure:

~~12:15 pm~~ 12:30 pm

Destination:

Walking field trip through town

Expected Time of Return:

~~1:00 pm~~ 1:30 pm

Number of Students:

61

Number of Chaperones & Teachers:

15

Names of Chaperones:

Caitlin Hansen, Nina Merkert, Fulbia Garcia
Danielle Corbett, Janet Mancino,
Amanda Candelaria, Angela Selvaggio,
Mike Byrne, Allie Federico, Lou Libertore,
Mallory Dougherty, Kristina Minichiello,

Means of Transportation:

N/A (walking)

Cheryl Nordt,
Allie Desouza

Attach bus request if applicable

Cost to Students or Chaperones:

\$0

Entrance Fee:

Lunch:

Other:

How cost is to be covered: Student

Fundraising

District

Purpose of Field Trip:

spread hope and positivity through
Bridgehampton

Approved:

(Principal)

Date:

5/16/24

Approved:

(Superintendent)

Date:

5/16/24

I have read and reviewed the Field Trip Procedures:

(Signature of Teacher, Date)

FOR BUSINESS USE ONLY

Date/Initial

5/16/24

n/a

n/a

5/8

n/a

5/8

O

n/a

Approved field trip request form received

Approved bus request form received

Emailed bus request to Montauk Bus Co.

Approved copies of all forms emailed to original teacher (cc: Admin Team, Café, & Guidance)

Originals given to Business Office

Added to calendar

Roster Received

Final Bus Confirmation (day or two before trip)



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FIELD TRIP PERMISSION FORM

DATE May 20th WE ARE PLANNING A FIELD TRIP

TO walk through town

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: spread scribble stones in town

DEPARTURE TIME: ~~12:00~~ ~~12:15~~ 12:30
RETURN TIME: ~~1:00~~ 1:30

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:

comfortable walking shoes

TEACHER(S) _____

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 20 de mayo ESTAMOS PLANEANDO UN VIAJE DE ESTUDIO

A camina en la comunidad 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: compartir Scribble Stones

HORARIO DE SALIDA: ~~12:15~~ 12:30

HORARIO DE REGRESO: ~~1:00~~ 1:30

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

zapatillas cómodas para caminar

PROFESOR(ES) _____

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 _____