



SEAFORD HIGH SCHOOL

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MS. NICOLE J. SCHNABEL
Principal

MR. ALEX W. MANTAY
Assistant Principal

DR. RAPHAEL M. MOREY
Assistant Principal

FIELD TRIP PERMISSION SLIP

Date: February 16, 2024

Dear Students and Families,

We are pleased to be hosting a field trip to enhance your child's educational experience at Seaford High School.

Destination: HS Track

Class/Group Attending Trip: Marching Band

Date of Trip: 3/15/24

Time of Departure from SHS: Period 1, 2, 3

Time of Return to SHS: end of 3

Cost of trip (cash/check payable to Seaford UFSD): N/A

Other notes (lunch, attire, supplies required): N/A

Please note the following:

- Students must attend all classes not affected by the field trip. If a student arrives late to school, he/she may not go on the trip. All work for other classes must be completed.
- All field trips will commence and conclude at the high school.
- No refunds (if applicable) can be provided.
- The SHS Code of Conduct is full effect during the field trip.
- An itinerary is attached (if applicable).

This slip and payment (if applicable) must be returned to your child's teacher by: 3/1/24

If you have any questions, please contact: Dr. Romeo or Mr. Coniglio

We are looking forward to this experience.

I give permission for my child, _____, to attend the field trip to: High School Track w/ Marching Band on March 15, 2024, during periods 1, 2, & 3.

(Parent/Guardian Signature)

(Date)

(Cell Phone Number)

In case of an emergency, I give permission for my child to receive medical treatment.

(Parent/Guardian Signature)

(Date)

In case of an emergency, please contact:

Name: _____ Cell Phone Number: _____

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