



education . . . the adventure of a lifetime

SEAFORD UNION FREE SCHOOL DISTRICT

SEAFORD HIGH SCHOOL • 1575 SEAMANS NECK ROAD • SEAFORD • NEW YORK • 11783 • (516) 592-4380 • FAX (516) 592-4301

MS. NICOLE SCHNABEL
PRINCIPAL

DR. RAPHAEL MOREY
ASSISTANT PRINCIPAL

MR. ALEX MANTAY
ASSISTANT PRINCIPAL

DR. ADELE PECORA
SUPERINTENDENT OF SCHOOLS

March 2024

Dear Seaford High School/8th Grade Band Parents and Guardians:

At this time, we are planning next year's Disney Trip. The trip will run from Wednesday, February 12th (after school) until Monday, February 17th, 2025. We need to get an approximate number of students attending to lock in current rates. The trip is going to be approximately \$2300-\$2500 depending on airfare pricing and how many students attend. Once we have final numbers, we can get an exact price.

The itinerary is on our website (www.seafordband.org). If you are interested in going on this trip, please fill out the bottom commitment form and send in an \$100 non-refundable deposit (all checks made out to "Seaford UFSD") by April 5, 2024. We are looking forward to another amazing musical experience!!!

Musically Yours,

Dr. Anthony M. Romeo II
aromeo@seaford.k12.ny.us

(516) 592-4337
www.seafordband.org

Christopher J. Coniglio
cconiglio@seaford.k12.ny.us

**Complete permission slip on the back, sign and return with check by
Wednesday, April 5th, 2024**

\$100 DEPOSIT (NON-REFUNDABLE) ENCLOSED. CHECK # _____



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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:

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: Disney World Class/Group Attending Trip: HS Band

Date of Trip: 2/12/25 – 2/17/25 Date of Departure from SHS: 2/12/25 Date of Return to SHS: 2/17/25

Cost of trip (cash/check payable to Seaford UFSD): \$2300-\$2500

Other notes (lunch, attire, supplies required): See Band Website for itinerary.

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: **April 5th, 2024**

If you have any questions, please contact: **HS Band Office: 516-592-4337**

I give permission for my child, _____, to attend the field

trip to: Disney World from 2/12/25-2/17/25.

(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: _____

Name: _____ Cell Phone Number: _____