SAYVILLE PUBLIC SCHOOLS
FIELD TRIP INFORMATION FORM

Field Trip Destination: Boston Date of Trip: 10/29-10/30/26

Time of Departure: 6:00 AM Place of Departure: Sayville Middle School

Time of Return: 6:00 PM Place of Return: Sayville Middle School

Should parent/guardian pick up student? X Yes _ No Where: Sayville Middle School

Mode of Transportation: Bus X Train _____ Other _____

Cost of Trip $ 440.00 **(Check(s) made payable to Sayville Public Schools)**

The student will need to bring: _ ~~Bag lunch (no carbonated beverage)~~

_ ~~Lunch money---Suggested amount $~~ _____

Trip Itinerary: Trolley tour, USS Constitution, Boston Museum of Science, Dinner Dance

Other pertinent information: CHECK OR MONEY ORDER ONLY-NO CASH
(Made payable to Sayville Public Schools)

Staff member in charge of trip: Mr. Brian Decker

ATTENTION: STUDENTS USING MEDICATION IN SCHOOL

PLEASE BE AWARE THAT MEDICATION WILL NO LONGER BE RELEASED THROUGH THE NURSE'S OFFICE FOR FIELD TRIPS. IF YOUR CHILD RECEIVES MEDICATION IN SCHOOL, IT IS IMPERATIVE THAT THIS BE DISCUSSED WITH YOUR CHILD'S TEACHER.

PLEASE NOTE: ANY REMAINING FUNDS COLLECTED WILL BE USED FOR FUTURE ACTIVITIES FOR THE SPECIFIC GRADE OR SCHOOL.

PARENTAL PERMISSION NOTE

I, (parent/guardian name) _____ understand the arrangements for the trip to (destination) Boston on (date) 10/29/26-10/30/26 and (give) (do not give) permission for my son/daughter _____ to participate.

Will child require any special care during this trip? _ Yes _ No

If yes, please explain: _____

I wish to act as chaperone: _ Yes _ No

_____
Signature of Parent/Guardian

PLEASE RETURN TO THE MAIN OFFICE BY September 14, 2026

Revised 2/2022