



SAYVILLE PUBLIC SCHOOLS FIELD TRIP INFORMATION FORM

Field Trip Destination: Frost Valley YMCA Date of Trip: 12/2/26-12/4/26

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

Time of Return: approx 2:00 PM Place of Return: Sayville Middle School

Should parent/guardian pick up student? ☒ Yes ☐ No Where: _____

Mode of Transportation: Bus ☒ Train _____ Other _____

Cost of Trip \$ 400.00 (NO CASH) (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: Information to be distributed.

Other pertinent information: CHECK OR MONEY ORDER ONLY-NO CASH.

Staff member in charge of trip: MR. DECKER/MR. PAPALIA

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) FROST VALLEY YMCA on (date) 12/2/26-12/4/26 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

OCTOBER 26, 2026

Revised 2/2022