

- **ALL FORMS MUST BE RETURNED TO THE GUIDANCE OFFICE BY THURSDAY, DECEMBER 12**
- **BUS SPACE IS LIMITED**
- **FIELD TRIP PARTICIPATION IS FIRST-COME, FIRST-SERVED**

Eastern Long Island Academy Of Applied Technology	MORNING SESSION ONLY	VISITOR'S DAY INPUT FORM
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SACHEM ID # _____
GRADE _____

FORMS DUE DECEMBER 12; FORMS ACCEPTED NO EARLIER THAN WEDNESDAY, DEC. 11

PLEASE PRINT

Student's LAST Name: _____

Student's FIRST Name: _____

Circle One:
Male / Female

Home School: SACHEM HIGH SCHOOL EAST HOME PHONE NUMBER: _____

Home Address: Number & Street: _____

CITY ZIP CODE

INSTRUCTIONS: PLEASE PLACE A CHECK MARK (✓) NEXT TO **TWO (2) COURSES** YOU WOULD LIKE TO VISIT.
SELECT FROM ONE (1) TECHNICAL CENTER ONLY!!

GARY D. BIXHORN TECHNICAL CENTER

- _____ Animal Science
- _____ Aviation Professional Pilot
- _____ Barbering
- _____ Dental Assisting
- _____ Electrical Trade & Alternative Energy
- _____ Emergency Medical Technician (EMT)
- _____ Heating Ventilation & Air Conditioning (HVAC)
- _____ Law Enforcement
- _____ Licensed Practical Nursing **(12th Grade ONLY)**
- _____ Marine/Motorsports Technology
- _____ Plumbing & Heating

EDWARD J. MILLIKEN TECHNICAL CENTER

- _____ Audio Production
- _____ Auto Body Repair & Car Customizing
- _____ Automotive Technology
- _____ Clinical Medical Assisting
- _____ Culinary Arts/Rest. Op. Mgmt.
- _____ Electrical Trade & Alternative Energy
- _____ Heating Ventilation & Air Conditioning (HVAC)
- _____ Law Enforcement
- _____ Nurse Assisting
- _____ Welding

I hereby permit my son/daughter to visit the Eastern Suffolk BOCES Occ./Tech Programs on **February 5, 2025.**

Parent / Guardian Signature

SACHEM HIGH SCHOOL EAST

FARMINGVILLE, NEW YORK 11738

TEACHER AUTHORIZATION TO ALLOW STUDENT TO PARTICIPATE IN A FIELD TRIP ACTIVITY

The following student is applying to attend the below listed field trip. Your approval/disapproval/request for discussion for his/her absence from your course will be necessary for such participation.

STUDENT: _____

SIGNATURE OF CLASSROOM TEACHERS

PERIOD	COURSE	APPROVAL OF TEACHER	REQUEST FOR CONFERENCE WITH SPONSORING TEACHER
1			
2			
3			
4			
5			
6	X	X	X
7	X	X	X
8	X	X	X
9	X	X	X

ACTIVITY: _____ BOCES Visitor's Day

PURPOSE OF TRIP: _____ Part of programming process

DATE OF TRIP: _____ WEDNESDAY, FEBRUARY 5, 2025

TIME OF DEPARTURE: _____ 7:10 A.M.

TIME OF ANTICIPATED RETURN: _____ 10:56 A.M.

SPONSORING TEACHER: _____ WENDY CORRIGAN, GUIDANCE COUNSELOR

THIS FORM MUST BE RETURNED TO THE SPONSORING FIELD TRIP TEACHER!!!!