



www.portchesterschools.org

Port Chester-Rye Union Free School District

Port Chester Middle School

113 Bowman Avenue
Port Chester, New York 10573
914.934.7930

Mr. Patrick Swift
Principal

Permission Authorization

I hereby give permission for my child _____
to participate in a field trip. I understand that such trip shall be under the supervision of
a teacher and that my child shall only be permitted to travel by means of school
authorized transportation.

Name of supervising teacher(s): **6th Grade Teachers/Lyon Park, Crawford Park,
& Tamarack Tower Academies**

Date of trip: **Wednesday, January 31, 2018**

Destination: **Red Firecracker – Chinese New Year Performance
Lehman College, Bronx, NY**

Time of departure: **9AM**

Time of return: **1PM***

Cost of trip: **\$20 – Cash or checks made payable to: PCMS**

DUE BY: Thursday, December 7, 2017

****Students will need to pack a lunch since the cafeteria will be closed when we return to school from the trip.***

Parent/Guardian Signature: _____

Date: _____



www.portchesterschools.org

Port Chester-Rye Union Free School District

Port Chester Middle School

113 Bowman Avenue
Port Chester, New York 10573
914.934.7930

Mr. Patrick Swift
Principal

Autorización de Permiso

Doy permiso para que mi hijo(a) _____

participe al viaje. Yo entiendo que mi hijo(a) estará bajo la supervisión de los maestros y que mi hijo(a) puede viajar solamente por la transportación de la escuela.

Nombre del maestro(s): **6th Grade Teachers/Lyon Park, Crawford Park,
& Tamarack Tower Academies**

Fecha del viaje: **miercoles 31 de enero del 2018**

Destino: **Red Firecracker – Chinese New Year Performance
Lehman College, Bronx, NY**

Hora de salida: **9AM**

Hora de regreso: **1PM***

Precio del viaje: **\$20 en efectivo o cheques pagable a: PCMS**

Pago se debe el jueves 7 de diciembre del 2017

**** Los estudiantes deberán empacar un almuerzo ya que la
cafetería estará cerrada cuando regresemos del viaje.***

Firma de Padre/Tutor: _____

Fecha: _____