

- **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

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!!!!

FORM: BOCES/TEACHER APPROVAL