

SIGNAL HILL SCHOOL  
670 Caledonia Road  
Dix Hills, NY 11746

DATE \_\_\_\_\_

Dear \_\_\_\_\_  
(Teacher's Name)

I give permission for my son/daughter \_\_\_\_\_ to go on the  
trip with the \_\_\_\_\_ grade to \_\_\_\_\_ on \_\_\_\_\_  
(Date of Trip)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
(Emergency Contact Person)

\_\_\_\_\_  
(Emergency Contact Phone #)

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