

FORMS DUE TO THE GUIDANCE OFFICE JANUARY 10TH - FORMS ACCEPTED NO EARLIER THAN JANUARY 8

BUS SPACE IS LIMITED

FIELD TRIP PARTICIPATION IS FIRST-COME, FIRST-SERVED



VISITORS' DAY INPUT

February 7, 2024

Eastern Long Island
Academy of Applied Technology
Admissions Office
750 Waverly Avenue
Holtsville, NY 11742
Email: powertosucceed@esboces.org

FOR HIGH SCHOOL COUNSELOR USE ONLY

Session: AM

Student's Last Name

[Grid for Student's Last Name]

Student's First Name

[Grid for Student's First Name]

High School

[Grid for High School]

Home Telephone Number

[Grid for Home Telephone Number]

Home Address: Number and Street

[Grid for Home Address: Number and Street]

City/Village

[Grid for City/Village]

Zip Code

[Grid for Zip Code]

Student's E-Mail Address

[Grid for Student's E-Mail Address]

Student's Cell Number

[Grid for Student's Cell Number]

Parent/Person in Parental Relation Cell Number

[Grid for Parent/Person in Parental Relation Cell Number]

Please check here if you wish to be notified in Spanish.

High School Guidance Counselor's Name

[Grid for High School Guidance Counselor's Name]

**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 (Bellport)

- Animal Science
- Aviation Professional Pilot Training
- Barbering
- Certified Personal Trainer
- Dental Chairside Assisting
- Electrical Trade & Alternative Energy
- Emergency Medical Technician (EMT)
- Fashion Merchandising & Design
- Heating, Ventilation & Air Conditioning
- Law Enforcement
- Marine/Motorsports Technology
- Physical Therapy Aide
- Plumbing
- Practical Nursing
- Professional Photography & Digital Imaging
- Television, Video & Digital Film Production

EDWARD J. MILLIKEN TECHNICAL CENTER (Oakdale)

- Audio Production
- Auto Body Repair & Car Customizing
- Automotive Technology
- Clinical Medical Assisting
- Culinary Arts/Rest. Op. Mgmt.
- Early Childhood Education
- Electrical Trade & Alternative Energy
- Heating Ventilation & Air Conditioning
- Law Enforcement
- Nurse Assisting
- Welding/Metal Fabrication

**PLEASE RETURN THIS FORM TO GUIDANCE
JANUARY 10, 2024!!**

I give permission for my child to be photographed YES NO

E-mail Address of Parent/Person in Parental Relation

I hereby permit my son/daughter to visit the Eastern Suffolk BOCES Occ./Tech Programs on February 7, 2024.

Signature of Parent/Person in Parental Relation

Signature of Parent/Person in Parental Relation

Eastern Suffolk BOCES does not discriminate against any employee, student, applicant for employment, or candidate for enrollment on the basis of sex, gender, race, color, religion or creed, age, weight, national origin, marital status, disability, sexual orientation, gender identity or expression, transgender status, military or veteran status, domestic violence victim status, genetic predisposition or carrier status, or any other classification protected by Federal, State or local law. ESBOCES also provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the implementation of the applicable laws should be directed to either of the ESBOCES Civil Rights Compliance Officers at ComplianceOfficers@esboces.org; the Assistant Superintendent for Human Resources, 631-687-3029, or the Associate superintendent for Educational Services, 631-687-3056, 201 Sunrise Highway, Patchogue, NY 11772. Inquiries may also be addressed to the Office for Civil Rights at the US Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005, 646-428-3800, OCR.NewYork@ed.gov.

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 7, 2024 _____

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