



# OSSINING UNION FREE SCHOOL DISTRICT

## OSSINING HIGH SCHOOL

29 S. Highland Avenue • Ossining, NY 10562-4897

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**JOSHUA MANDEL**  
*Principal*

Dean N. Parker  
Lorraine Longing  
Christopher Olson  
*Assistant Principals*

### Permission Form

**(Please return entire form to the Guidance Office by March 10, 2010)**

I give permission for my child, \_\_\_\_\_, to attend the trip listed below.

**School Name**

**Visit Date**

**Culinary Institute of America**

**March 23, 2010**

Child's Name: \_\_\_\_\_ Parent's signature \_\_\_\_\_

Child's Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Please return to the guidance office.

Failure to return the permission slip by the due date will result in your child's ineligibility to participate in the field trip.

**Students must be at Emwilton Parking lot at 7:45 AM. Bring bagged lunch or money to buy lunch.**

**Parents please note:** Please be aware of your child's attendance before signing this form, as they will be missing several classes during this day.

**ALL WORK THAT IS MISSED MUST BE MADE-UP!**