

**FORMS DUE TO THE GUIDANCE OFFICE JANUARY 10<sup>TH</sup> - 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](mailto:powertosucceed@esboces.org)

**FOR HIGH SCHOOL COUNSELOR USE ONLY**  
Session:  AM

Student's Last Name					Student's First Name																	
High School					Home Telephone Number																	
Home Address: Number and Street															City/Village					Zip Code		
Student's E-Mail Address																						
Student's Cell Number						Parent/Person in Parental Relation Cell Number						<input type="checkbox"/> Please check here if you wish to be notified in Spanish.										
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 (12<sup>th</sup> Grade Only)
- \_\_\_\_\_ 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 BY JANUARY 5, 2024!!**

I give permission for my child to be photographed  YES  NO

\_\_\_\_\_  
Signature of Parent/Person in Parental Relation

\_\_\_\_\_  
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 January 5, 2024.

\_\_\_\_\_  
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](mailto: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, 26<sup>th</sup> Floor, New York, NY 10005, 646-428-3800, [OCR.NewYork@ed.gov](mailto: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!!!!**