



FIELD TRIP PERMISSION SLIP

Kenneth R. Vessey Robotics Invitational · Sunday, November 1, 2026

THE TRIP

DAY TRIP

SUN, NOV 1, 2026**Kenneth R. Vessey Robotics Invitational** (formerly the Half Hollow Hills Invitational)

Half Hollow Hills High School West, 375 Wolf Hill Road, Dix Hills, NY 11746

- **Bus:** a yellow school bus. Meet at Bay Shore High School at **6:15 am**; the bus arrives at the front steps at 6:30 am and leaves at **6:45 am**.
- **Food:** concessions are sold at the event. Students bring money for their own meals; the team does not collect it.
- **Return this slip, signed,** to Mr. Varone or Mr. Claiborne at the high school by **Friday, October 30**.
- **Return:** back at the high school around **5:00 to 6:00 pm**. Families pick students up there.
- **Families:** admission is free, parking is free, and families are welcome to come and watch. Team 271 is entering two robots.

CHAPERONES

Rich Varone · Lead Mentor

TRIP EXPECTATIONS

By signing below, the student agrees to:

1. Follow all safety instructions.
2. Follow all school rules, district policies and team expectations.
3. Stay with the team and not leave the event without a chaperone's permission and supervision.
4. Ride the school bus both ways unless a parent or guardian has arranged otherwise with a chaperone in advance.
5. Not have or use alcohol, tobacco, vaping products, or any illegal or prohibited substances or items.
6. Keep their cell phone charged and answer chaperones promptly.
7. Be on time and keep to the day's schedule.
8. Respect all property, facilities and people, and act in the spirit of Gracious Professionalism®.

Not meeting these expectations may lead to disciplinary action or a call home.

PARENT OR GUARDIAN PERMISSION

I give permission for my child, _____, to go on the school field trip to the Kenneth R. Vessey Robotics Invitational in Dix Hills, NY, on **Sunday, November 1, 2026**, travelling by school bus. I will pick my child up at Bay Shore High School when the team returns. My child and I have read the trip expectations above, and my child agrees to them. If I cannot be reached in an emergency, I allow the chaperones to get medical care for my child.

Student's name (printed) _____ Student's signature _____

Parent or guardian's name (printed) _____ Signature _____ Date _____

Emergency contact name and phone _____

Allergies, medications or health needs the chaperones should know _____

QUESTIONS?

Rich Varone, Lead Mentor
rvarone@bayshore.k12.ny.usBill Claiborne, Lead Mentor
wclaiborne@bayshore.k12.ny.usParent contact
Parents@Team271.com