

WAINSCOTT COMMON SCHOOL DISTRICT

47 Main Street, Post Office Box 79

Waincott, New York 11975

Phone (631) 537-1080 Fax (631) 537-6977

Dear Registrar:

Please forward all records concerning grade evaluation, testing, academic performance, health information, psychological evaluations and other pertinent information for _____, who was a _____ grade student in your school.

Your prompt attention to this request would be appreciated.

Sincerely,

Deborah Haab
Superintendent

Signature of Parent or Guardian

Date

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2020 / 2021

FIELD TRIP PERMISSION SLIP

I give my child _____ permission to attend school field
trips as they are planned throughout the year.

Parent Signature



Dear Parents,

It is important for us to know what your child's going home plans are each day. Please fill out below what your child's regular going home plan will be. We understand that plans can change. If that is the case we ask that you either send a note in with your child in the morning or phone the office (537-1080) before 2:30 p.m. Thanks so much! If you have any questions, please contact us.

Student Name _____

will usually:

_____ be picked up at dismissal

_____ go home on the bus