



COMMACK HIGH SCHOOL

Carrie Lipenholtz, *Principal*



Matthew P. Keltos, *Vice Principal*

Eric P. Biagi, *Assistant Principal*

Andrea M. Allen, *Assistant Principal*

Nicole Kregler, *Director of Counseling*

January 2024

Dear Parents/Guardians,

On Thursday, March 7, 2024, Commack High School will administer the Armed Services Vocational Aptitude Battery test (ASVAB). The ASVAB test is an excellent tool for assisting students in clarifying their abilities or interests and then matching these abilities or interests with possible career choices. While this test is useful to students considering a military career, this information can also be used to help all students make informed career choices.

We will administer the ASVAB test on Thursday, March 7, 2024 from 7:30 am to 11:20 am, in Computer Lab 149. If you are interested in participating in this career exploration opportunity, please complete the field trip form on page 2 and return it to Mrs. Marilyn Shoemaker in the Counseling Center no later than February 28th.

Students must have their parent/guardian and period 1-5 teachers sign this form.

Please contact your child's school counselor with any questions.

Sincerely

James DelGiudice

James DelGiudice
School Counselor

A National Blue Ribbon Exemplary School • An International Baccalaureate World School
One Scholar Lane • Commack, NY • 11725 • (631) 912-2100

**Counselors: Gabrielle Cardinale, Alyson Catinella, Jacqueline Clark, James Del Giudice, Donald Graham,
Ann Iacopelli, Courtney Meyer, Jon Miale, Julie Russo, Heather Tadmor**
BOCES Career/Internship Teacher: Diane Nelson

Fax No: (631) 912-2226

Web Address: <http://www.commack.k12.ny.us/CounselingCenter.aspx>

COMMACK HIGH SCHOOL FIELD TRIP PERMISSION FORM

ASVAB EXAM

 Name of Student

 Homeroom

 Purpose of Trip

1-5 CL149
 Periods Involved

March 7, 2024
 Date of Trip

Day
 2

 Teacher

Note: Sponsoring Teacher is to submit a list of students approved for the trip to the attendance office the afternoon before the trip.

| Period | Subject | Teacher | Approved | Not Approved | Comments |
|--------|---------|---------|----------|--------------|----------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | X | X | X | X | X |
| 7 | X | X | X | X | X |
| 8 | X | X | X | X | X |
| 9 | X | X | X | X | X |

PARENT/GUARDIAN APPROVAL

_____ has my permission to take part in the above referenced field trip. I understand that this will result in loss of classroom instruction and that it is the responsibility of my child to make up the work that is missed.

My child does does not have a medical issue. Please explain _____

If yes, please provide emergency contact name and phone number _____

Parent/Guardian Signature

Date