

Permission for Guest Visit During a School Day

Visitor Name:		Age:	Grade:	
Address:				
Street	City	State Zip	State Zip Code	
Phone number:		_		
Guest of:		Date & times of visit: From	To:	
Classes to Be Visited				
Reason for Visit				
Parent/Guardian Name (Print)		Parent/Guardian Signature		
Home Phone		Work Phone		
Other Emergency Contact Nam	e Othe	er Emergency Contact Phone		
Teacher Signature		Teacher Signature		
Teacher Signature		Teacher Signature		
Teacher Signature		Teacher Signature		
Headmaster Signature	<u>-</u>	Date of Approval		
Parent/Guardian of visitor must	submit this COM	PLETED form WITH REQUIREI) SIGNATURES by	
the day of the visit. Students are Student Handbook. The handboare not required to wear Domin teachers, and staff, their parents	e required to abide bok can be viewed look can be viewed loon Academy unifor will be called to reinion Academy wil	by the Conduct and Behavior rules a by visiting our website at dominional orm shirts. If guests do not obey rules etrieve their child immediately. Gues ll be asked to leave the premises imm	s outlined in our cademy.org. Students s, regulations, its who have	
Comments				