



Putnam Valley High School

146 Peekskill Hollow Road
Putnam Valley, New York 10579
P: (845) 526-7847 F: (845) 528-4456

Student Visitor Form

Today's Date: _____ Date of Visit: _____

Student Name: _____ Grade: _____

Visitor Name: _____ Grade: _____

PVHS Student: Please have this form signed by all your teachers prior to the date of the visit.

PHVS Teacher: Please sign below to allow the above high school visitor to view your class. *(This visitor will be in the building for the school day and visit is subject to approval.)*

Teacher Name

Signature

Period 1: _____

Period 2: _____

Period 3: _____

Period 4: _____

Period 5: _____

Period 6: _____

Period 7: _____

Period 8: _____

Period 9: _____

PVHS Student: Please attach to this form: signed notes from the parent/guardian of both yourself and your visitor, giving permission for your visitor to attend school with you, and return to the main office. You must have this form in order for your visitor to check in at the KIOSK.

Approved by: _____ Date: _____

Dr. Intrieri, Principal