

Student Visitor Form

Today's Date:	Date of Visit:	
Student Name:	Grade:	
Visitor Name:	Grade:	
<u>PVHS Student:</u> Please have this form signed by all your teachers prior to the		
date of the visit.		

<u>PHVS Teacher</u>: 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.*)

	<u>Teacher Name</u>	<u>Signature</u>
Period 1:		
Period 6:		

<u>PVHS Student:</u> 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.Sepe, Principal