

Name of student you will be visiting

Today's Date _____

STUDENT VISITATION

(Visit must be prearranged and approved by Norwell office 5 days in advance)

Student Name _____

Parent Name _____

School Currently Attending _____

Grade _____

Purpose of Visit _____

Date of Visit _____

Medical Information:

Information school should know for this student:

Emergency Contacts for day of visit:

1) _____

Phone: _____

2) _____

Phone: _____

Expectations:

School will:

Arrange for student to attend classes that relate to student day and/or interest: ie – Freshman (example might be English 9, Algebra 1, Biology Choir/Band, Theater)

Parents will:

Provide transportation to and from school. Provide lunch money or a packed lunch.

Student will:

Attend classes as scheduled. Demonstrate good citizenship as a guest.

Student will be expected to follow all rules and guidelines set forth in the Norwell High School Parent/Student Handbook

(Student signature)

(Parent signature)

Office use only:

Approved by _____

Schedule created _____

Health Info to Nurse _____

Denied – reason _____

Teachers notified _____