

DIS Student Visitor Request Form

Name of student making request: _____

Date of request: _____

Name of visitor: _____

Age and grade level of visitor: _____

Date(s) of visit: _____

Time of visit (please specify if not all day): _____

Reasons for visit:

Please note: All insurance and medical costs need to be assumed by the parent. Alumni visits to the upper School are normally allowed during lunch-time only.

Parent signature: _____

For DIS use only

This request is:

approved

not approved

Comments:

Signature - Principal _____ **Date:** _____

Teacher / Advisor Signatures and Comments

- ✓ Collect signatures from all subject teachers involved and your advisor.
- ✓ Submit form with all signatures to Secondary Principal Assistant.

Subject Teacher Signatures and Comments:

Subject	Teacher	Comments and/or Recommendations

Advisory Teacher Signature and Comments:

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