

STUDENT GUEST FORM

If you would like to bring a student guest (no one over 21 years of age) to school please have ALL information below completed. This form must be returned to the main office at least one week prior to the day you would like to bring your guest. It must then be approved by an administrator. Remember, you are responsible for your guest, and you must accompany your guest at all times.

Your Na	ame:	
	arent of the above named UN as an acceptable guest of my	student, I verify his/her guest to be a responsible person, and I approve tudent.
Printed Name of UNI Parent		Signature of UNI Parent
Phone/Email:		Date:
Visitor'	s Name:	
		ationship of Visitor to You:
Visitor'	s Parental Address/Contac	Info:
Visitor's Parental Approval		Visitor's School Administrative Approval
Time visitor will arrive:		Time visitor will leave:
Period	Class	Teacher Approval (Signature)
1		
2		
3		
4		
5		
6		
7		
8		

Teachers: You are not obligated to sign this form. If you think a visitor would not be appropriate in your classroom at this time please do not approve this request.
Assistant Director for Student Life Approval:
Revised 6/2013