

INTERNAL GUEST REQUEST

*Please submit form for approval to Head of School for High School Faculty or
Elementary Lead Teacher for Elementary Faculty.*

Teacher Requesting _____

Grade Level(s) involved: _____

Date of Visit: _____ **Time:** _____ **to** _____

Number of students: _____ **Number of adults:** _____

Visitor Information: Name: _____

Address: _____

Phone: _____

Contact Person: _____

Purpose of Visit: _____

Teacher comments (arrangements, dress, etc.):

Any costs associated with the visit: \$ _____

Are you using room(s) in the building other than your own classroom? Yes No

(If yes, please fill out a Building Use Form)

Teacher: _____ Date: _____

Approved by: _____ Date: _____

Copies to: ___ Teacher(s) ___ Office ___ Business Officer