

SCHOOL VISIT NOTIFICATION FORM

LOVELAND MIDDLE SCHOOL

Student Name \_\_\_\_\_

School(s) to be visited \_\_\_\_\_

Date(s) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Please return completed form to Ms. Buck-Kennedy in the office before the scheduled visit. It is the responsibility of the student to contact his/her teacher and make arrangements for make-up work.



SCHOOL VISIT DOCUMENTATION FORM

\_\_\_\_\_ (name of student) visited

\_\_\_\_\_ (name of school) on \_\_\_\_\_ (date).

\_\_\_\_\_ (school counselor/official)

Please return completed form to Ms. Buck-Kennedy in the Loveland Middle School office.