JOSEPH CITY UNIFIED SCHOOL DISTRICT NO. 2

KI-E VISITORS TO SCHOOLS, Exhibit

REQUEST FOR SCHOOL OR CLASSROOM VISIT, TOUR, OR OBSERVATION

Parents and guardians of enrolled students, and parents and guardians who wish to enroll their children in the District, complete this form to request a visit, tour, or observation of a school or classroom. Return it to the school office. The principal or designee responds in writing.

Date: _____

Name of parent or guardian: _____

Phone: _____ Email: _____

Name of student or prospective student: _____

School: ☐ Joseph City Elementary School ☐ Joseph City Jr./Sr. High School Grade: _____

Classroom or teacher requested, if known: _____

Type of request: ☐ Visit ☐ Tour ☐ Observation

Requested date: _____ Requested time: _____

Alternate date and time, if any: _____

Reason for the visit, tour, or observation, so the school can best meet your request:

_____

_____

Anything that will help the school schedule or accommodate the request:

_____

I understand that approval by the principal is required for all school or classroom visits, that all visitors report to the school office on arrival, and that visitors comply with District policy and visitor procedures. I understand the teacher's first responsibility is to the class, and that a conference, if wanted, will be scheduled separately.

Parent or guardian signature: _____ Date: _____

SCHOOL USE ONLY

☐ Approved ☐ Approved with alternate date or time: _____

☐ Denied because the visit, tour, or observation would threaten the health and safety of students or staff.

Principal or designee signature: _____ Date: _____

Comments or conditions:

_____

_____