

**Conestoga High School
VISITOR'S PASS REQUEST**

CHS Student Information

Name _____ Grade _____ Homeroom _____
Home Phone # _____ Parent Work Phone # _____
Parent/Guardian Signature _____ Date _____

Visitor Information

Name _____ Date of Birth _____
Date of Visit _____ Home School _____
School Phone # _____ Person to contact _____
(Information will be used to verify status of Visitor's school on requested visitation day.)
Home Address _____
Parent/Guardian Name _____
Home/Cell Phone # _____ Parent Email _____
Reason for Visit _____
Current Grade: _____

Please check one: $\frac{1}{2}$ Day AM _____ (**7:50 AM thru 11:07 AM**)
 $\frac{1}{2}$ Day PM _____ (**11:11 AM thru 2:50 PM**)
Parent/Guardian Signature _____ Date _____

Administrator's Signature _____ **Date** _____

Upon arrival on the visitation day, the CHS student must register his/her guest at the main entrance. **Student visitors may be permitted for legitimate, educational reasons, only. Such visits will be limited to one half (1/2) day.** Parents who wish to arrange for a student visitor need to complete and submit a request form for approval to the **Room 110** a minimum of **three** days prior to the visit. Simply signing in upon entry does not authorize a visitor's presence at Conestoga.

PLEASE RETURN COMPLETED FORM TO: CONESTOGA HIGH SCHOOL, ATTN: MR. JAMIE BANKERT, 200 IRISH ROAD, BERWYN, PA 19312 or email: bankertj@tesd.net