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: **½ Day AM _____ (7:50 AM thru 11:07 AM)**

½ 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 208** 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: DR. NICOLE JOLLY, 200 IRISH ROAD, BERWYN, PA 19312 or email: jollyn@tesd.net.