Conestoga High School - Visitor's Pass Request

Form must be returned at least 5 days before the requested date.

Visitor Information

Student Name: _____ Date of Birth: _____

Home Address: _____

Current School: _____ Current Grade: _____

School Phone Number: _____

Name of School Contact: _____

(Information will be used to verify status of visitor's school on requested visitation day.)

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Reason for Visit: _____

Possible Visit Dates (Please list two options on Mon/Tues/Fri): _____

Please choose one:

☐ Half Day Morning – 7:50 – 11:07

☐ Half Day Afternoon – 11:12 – 2:50

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 day.** Parents who wish to arrange for a student visitor need to complete and submit a request form for approval to **Room 208** five days prior to the days requested. 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**

Conestoga Administrator's Signature _____ Date _____