



Illinois Lutheran Schools

Guest/Shadowing Permission Form

This form needs to be completed by all guests or individuals wishing to "shadow" a student during our regular school day. All sponsor parents will need to contact the principal at least two days in advance of the visit and explain the nature of the visit.

Name of Visitor: _____ Current Grade Level: _____

Date of Visit: _____ Name of Student Sponsor (if applicable): _____

Name of Visitor Parent/Guardian: _____ Phone: _____

Reason for visit:

- I am interested in attending your school and would like to visit classes for a day.
- I am an out of town relative and would like to visit the school.
- I am a friend of a student and would like to visit the school.

Signature of Visitor Parent

Signature of Sponsor Parent

TO BE FILLED OUT BY VISITOR'S SCHOOL PRINCIPAL

Name and Address of School: _____

- The above mentioned visitor student is a student in good standing at our school
- I would not recommend this student at this time.

Signature of Principal

Date

I, the undersigned, agree to follow the policies of Illinois Lutheran during my visit. I have read the dress code (see student handbook) and agree to follow it during the school day. I agree to meet with the principal at some time during the school day to discuss my visit.

Name of Visiting Student

Date