

Visiting Student/Shadow Experience Permission Form

Date wishing to be a visitor in OHS: _____

Name of OHS student: _____

Name of OHS student's parents/guardian: _____

Name of visiting student: _____

Name of visiting student's parents/guardian: _____

Phone number of parent/guardian: Home: _____ Day Phone: _____

Visiting student's current school (Name, City, State): _____

Reason for visit: _____

Are you currently enrolled in OHS for the next school year: _____

Health Concerns: _____

Visiting Student signature (date)

OHS Student signature (date)

Visiting Parents signature (date)

OHS Parents signature (date)

OHS Administrator signature (date)

OHS Counselor signature (date)

This form must be filled out with all of the above signatures and returned to the Counseling Office 48 hours prior to the student coming to OHS. Parent contacts must also be made before permission can be granted.
OHS administration has the right to deny any visitor into the school.

Parent contact made: _____
(Date)

White – Student to carry with them the day of shadow.
Yellow – Student Services