
Principal's Authorization

Date of Visit

Today's Date

VISITOR REQUEST FORM HILLSBORO-DEERING MIDDLE SCHOOL

Name of Visitor _____ School Currently Attending _____
(Please Print)

Present Address _____ Current Grade _____

Visitor's Phone # _____ Age of Visitor _____

Name of Visitor's Parent/Guardian _____

Name of Sponsoring Student _____

Name of Sponsoring Student's Parent/Guardian _____

Homeroom _____ **Advisor's Signature** _____

- Students of HDMS are allowed to bring visitors to school only if they are a Student of the Month for the month that they are requesting a visitor. They must also complete the Visitor Request Form three (3) days prior to the visit. Sponsoring students will be held responsible for the behavior of anyone he/she brings as a visitor to any HDMS activity.
- Picture ID must accompany request for entry.

Parent/guardian is asked to sign below acknowledging that they have read this form and approve of the arrangements made.

I _____ , support my child's request and will take responsibility for his/her
(Name of Parent/Guardian)

visitor should a problem occur (ie., accident, behavior, damage to school property, etc.) I can be

reached at _____ during the visit.
(Phone number)

Parent/Guardian Signature