



Student Visitor's Form

Name of Garden Spot Student:

Grade: _____

The above student would like to bring a visitor on:

Date: _____

Name of Visiting Student:

Grade: _____

School Attended/Attends:

Immunizations up to date? Y N

Parent/Guardian signature of GSHS student:

Please have your teachers sign this form and return to Ms. Fellenbaum when completed.

I agree to allow this student in my class on the above date:

Block 1:

Block 2:

Block 3:



GARDEN SPOT HIGH SCHOOL

669 East Main Street
New Holland, PA 17557-0609
Phone: 717-354-1550
Fax: 717-354-1534

Block 4:

Please provide a brief reason for the visit:

Administrative Approval:

If 6/16