

# DECATUR AREA TECHNICAL ACADEMY STUDENT VISITATION PERMISSION FORM

Visiting Student's Name: \_\_\_\_\_

Home School: \_\_\_\_\_ Counselor's Name: \_\_\_\_\_

Class Visiting: \_\_\_\_\_ Date & Time of Visit: \_\_\_\_\_

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## PARENTS/GUARDIAN PERMISSION

I have given my permission for \_\_\_\_\_ to attend the Tech Academy as a visitor for one day (class period). I understand that in some classrooms proper safety standards are stressed and that my son/daughter will need to abide by those standards during the visit. I further understand that failure to follow safety policies is grounds for immediate termination of the visit.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## HOME SCHOOL PERMISSION

I certify that \_\_\_\_\_ has completed all necessary arrangements at our school and has my permission to visit the Tech Academy. This is to include the date, transportation needs, and any assignments that may need to be arranged prior to the visit date.

Principal Name: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## INSTRUCTIONS:

1. Counselors call **Bret Hitchings** to arrange the visit date and time (872-4056).
2. A copy of this completed form must be faxed (876-0918) or mailed to the Tech Academy. The student may bring the copy on the day of their visit.
3. The home school should retain a copy for their records.