

This Parent / Guardian form must be completed and signed by your Assistant Principal, then returned to the main office. Once completed you will receive page 2 - The Teacher / Administrator permission form  
8<sup>th</sup> grade shadowing is only allowed the month of February.

Name or Ballard High School Student \_\_\_\_\_

Name of Visiting Student \_\_\_\_\_

Date of Planned Visit \_\_\_\_\_ Purpose of Visit \_\_\_\_\_

*Ballard High School Parent / Guardian I give my permission to my student to be absent from his/her school and visit Ballard High School. I authorize Ballard High School staff to administer emergency care and to arrange for any consultation deemed necessary to ensure proper care of any illness or injury to my student. Every effort will be made to contact parent/guardian to explain the nature of the problem prior to any involved treatment.*

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As parent or legal guardian, I understand that I will assume full responsibility for payment of any services rendered including transportation by emergency vehicles if necessary.

\*\*\*\*Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Other person to call in case of emergency \_\_\_\_\_

Emergency Information \_\_\_\_\_

Physician's Name and Phone Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Insurance – Name of Company and Policy Number \_\_\_\_\_

Medications in use \_\_\_\_\_

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Office use only:

\_\_\_ This student is in good standing at ( School Name ) \_\_\_\_\_

\_\_\_ This student is not in good standing at ( School Name ) \_\_\_\_\_

We do not recommend this visit to Ballard High School

\*\*\*\*\*Administrator's Signature \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Ballard High School Teacher and Administrator Permission Form - Page 2**

Parent /Guardian Page must be completed before Requesting Teacher and Administrator Permission Form

**8<sup>th</sup> grade students may only shadow the month of February**

**Student visitors must adhere to the following guidelines and secure permission from an Administrator at least three(3) days in advance of the visit.**

1. Student Visitor must have parent permission to be absent from his/her current school.
2. Student Visitor must have an administrator from his/her school sign the permission form - page 1.
3. The Student Visitor must sign in at the Main Office. The Student Visitor must present picture ID. The Student must wear a Visitor Pass at all times.
4. The Student Visitor must be in the company of the Ballard student whose parent approved the student visitor.
5. The host student must have obtained teachers' permission for a guest to sit in on classes.
6. The Student Visitor must attend class with his/her host and must follow the same student Code of Conduct as a Ballard student.
7. 8<sup>th</sup> graders are only allowed to be visitors during the month of February

**All other visitors must adhere to the following restrictions:**

- No child under high school age ( 14 or younger ) may visit (except for #7 above)
- The building is closed to student visitors during (does not apply to #7 above)
  - The first 10 days of each semester
  - The last 15 days of each semester
  - The 5 days prior to mid-terms
  - Advanced Placement Testing Weeks
  - The first 5 days prior to and 5 days after Winter, Mid Winter, Break and Spring Break
  - Additional dates may be added to this list as determined by Ballard HS Administration

**Ballard High School reserves the right to deny permission for visits when deemed appropriate.**

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**Name of BHS Student:** \_\_\_\_\_

Name of Visitor \_\_\_\_\_

**Date of Planned Visit** \_\_\_\_\_

**Teacher Approval:**

Period 1 \_\_\_\_\_ Period 4 \_\_\_\_\_

Period 2 \_\_\_\_\_ Period 5 \_\_\_\_\_

Period 3 \_\_\_\_\_ Period 6 \_\_\_\_\_

**Administrator's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_