

STUDENT VISITOR REQUEST FORM – RONCALLI CATHOLIC HIGH SCHOOL

This form is for current Roncalli Catholic students wishing to have an out-of-town guest spend the day with them, for Junior High students who are seriously interested in attending Roncalli Catholic or for students from another High School interested in transferring to Roncalli. The Director of Admissions must be notified at least 2 school days prior to the date of your desired visit. A "VISITOR REQUEST FORM" must be completed and on file in the Director of Admissions office at least 1 day prior to the visit. Visits may be disallowed on certain days, such as special events or testing days.

Visitors must abide by all "Rules of Conduct" detailed in the Roncalli Catholic High School Parent/Student Handbook. Visitors must wear **appropriate dress** for their visit (examples: dress pants or slacks and dress shirt or blouse with a collar, skirt or dress.) **VISITORS WILL NOT BE ALLOWED TO SPEND THE DAY AT RONCALLI IF THEY ARE INAPPROPRIATELY DRESSED (examples: jeans, T-shirts or questionable clothing.)** The Director of Admissions, Principal or any administration member has the right to deny admittance to any visitor.

Visitors use the main door when arriving and report directly to the office. Visitors will sign in and be given a visitor name- tag to be worn during the visit. **The visitor will stay with the assigned host during the entire visit unless changes are arranged in advance with Director of Recruiting or Dean of Students.** The visitor will return to the office to sign out at the end of their visit.

VISITOR NAME: _____ VISIT DATE: _____
I AM AN OUT-OF-TOWN GUEST I AM INTERESTED IN ATTENDING RONCALLI

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: _____ GENDER: _____

CURRENT SCHOOL: _____ GRADE: _____ EMAIL: _____

PARENT (S) NAME: _____ WORK PH: _____

REASON FOR VISITING: _____

STUDENT VISITOR'S SIGNATURE: _____ DATE: _____

ACADEMIC INTERESTS: _____ EXTRA CURRICULAR: _____

(PARENT'S CONSENT) (Please circle the applicable option.)
I GIVE MY SON / DAUGHTER PERMISSION TO: BRING A VISITOR OR HAVE A VISIT DAY TO RONCALLI.

PARENT'S SIGNATURE: _____

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RONCALLI CATHOLIC HIGH SCHOOL STUDENT HOSTING VISIT:

(Print Name) _____ GRADE IN SCHOOL _____

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(ADMINISTRATION USE ONLY)

VISIT APPROVED: Yes _____ No _____ DATE: _____

SIGNATURE OF PRINCIPAL _____

SIGNATURE OF DIRECTOR OF ADMISSIONS _____