



Jackson Day School

1209 Little Rock Rd. Charlotte, NC 28214

704-391-5516

Student Visitor Form: Middle & High School

Jackson Day students: please ensure that this form is completed and signed by your teachers prior to the date of your visit. Attach a signed note from your parent/guardian as well as the parent/guardian of your guest. Turn in the completed form to the front desk.

Jackson Day teachers: please sign the below form to allow the below student to attend your class. This visitor will be in the building for the school day. This visit is subject to administrator approval.

Today's date: _____

Date of visit: _____

Student name: _____

Student grade: _____

Visitor name: _____

Visitor grade: _____

Block Number	Teacher Name	Signature
Block 1		
Block 2		
Block 3		
Block 4		
Block 5		

Approved by: _____

Date: _____

(Administrator signature)