

School Visitors Form

Visitor Information:

Full Name: _____

Contact Number: _____

Purpose of Visit: _____

Date of Visit: _____

Time In: _____ Time Out: _____

Student/Staff Name (if applicable): _____

Visitor's Relation to School:

Parent/Guardian

Volunteer

Vendor

Other: _____

Visit Details:

1. Reason for Visit:

2. Areas Accessed During Visit:

School Security Check:

ID Verified: Yes No

Approval Granted By: _____

Visitor Log:

Date	Time In	Time Out	Staff Contacted
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Signatures:

Visitor Signature: _____

Authorized Staff Signature: _____