

## Day Student Request for Residence Activity

**Please note:** Parents or Guardians must contact the Residence Supervisor prior to making any request. For safety reasons, day students are only allowed to stay in residence only if we have sufficient staff or parent/guardian chaperones to provide proper supervision required for your child and other children.

### INCOMPLETE FORMS WILL RESULT IN DENIAL OF REQUEST

Name of Child _____	
Name(s) of Parent/Guardian:	
1. _____	Phone (H) # _____ (W) # _____
2. _____	Phone (H) # _____ (W) # _____
Name(s) of Emergency Contacts:	
1. _____	Phone (H) # _____ (W) # _____
2. _____	Phone (H) # _____ (W) # _____

#### Complete and Sign the Appropriate Section Below

**Please note:** It is the responsibility of the **Parents/Guardian**, not your child, to **notify** the **residence** of any **change or cancellation**. If this rule is not followed, permission for residence privilege for your child may be refused.

#### PART A – AFTER SCHOOL ACTIVITY

I am requesting that \_\_\_\_\_ in  Elementary  High School  
(Child's name)  
 be permitted to participate in \_\_\_\_\_ on \_\_\_\_\_  
(Name of activity) (Day of the week)  
 night(s) from \_\_\_\_\_ p.m. to \_\_\_\_\_ p.m. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)  
 My child will be picked up by \_\_\_\_\_ at \_\_\_\_\_ p.m.  
(Name of person) (Time)  
**Parent's/Guardian's Signature:** \_\_\_\_\_

#### PART B – OVERNIGHT REQUEST

I am requesting that \_\_\_\_\_ in  Elementary  High School be permitted  
(Child's name)  
 to stay overnight and to participate in \_\_\_\_\_ on \_\_\_\_\_ night(s)  
(Name of activity) (Night of the week)  
 starting at \_\_\_\_\_ p.m. until next morning. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)  
**Parent's/Guardian's Signature** \_\_\_\_\_

For Office Use

\_\_\_\_\_  
(Signature of Residence Supervisor)

\_\_\_\_\_  
Date

**This form is to be kept in the day student file in the appropriate residence area.**