

# CHELSEA HIGH SCHOOL

6 School Street, Chelsea, Vermont 05038

Telephone: (802) 685-4551

Fax: (802) 685-3310

## Guest Permission Form

Guests who wish to visit Chelsea High School need to fill out the following information and return it to the school at least two days prior to the day they intend to visit. It is at the discretion of the administration that guests be allowed to attend.

Guest name: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

School guest currently attends: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency contact name and #: \_\_\_\_\_

Any pertinent medical information (such as allergies, etc.):

\_\_\_\_\_

\*Student bringing guest (name and grade at CHS):

\_\_\_\_\_

**All guests must follow CHS policies and rules; including dress code and behavioral expectations. Any guest may be asked to leave if they are not upholding these expectations. If you would like a copy of policies and rules, please contact the school at (802) 685-4551.**

\_\_\_\_\_  
Guest Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian of Guest Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student hosting guest

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CHS Administration approving guest

\_\_\_\_\_  
Date

\*Students who wish to shadow for the day and do not already know a CHS student may call the school counselor to set up a day for shadowing.