

# NORTH OLMSTED HIGH SCHOOL

## STUDENT VISITATION FORM

(Print)

Name of Guest \_\_\_\_\_

NOHS Student Shadowed \_\_\_\_\_

Guest Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Parent Signature of Guest \_\_\_\_\_

Guest's School \_\_\_\_\_

Please list any allergies or health concerns: \_\_\_\_\_

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*Shadowing appointments must be made with Mr. Busold a week before the day of the potential visit.*

**Parent/Guardian and student** must arrive to school at 7:30 to sign in at the Student Services Office, meet with Mr. Busold, and to meet the student to be shadowed. The school day begins at 7:45 and ends at 3:05. Please make arrangements for picking up your student at 2:15 or at the time discussed with Mr. Busold.

If there are any questions, please call:

Mr. Busold

Associate Principal

440-779-3597