

# MILTON HERSHEY SCHOOL

HERSHEY, PA 17033-0830

## STUDENT OVERNIGHT VISITATION FORM

### STUDENT INFORMATION

Student Name:	_____
MHS Student ID Number:	_____
Student Home/TL Name:	_____

### STUDENT VISITATION PERIOD

<input type="checkbox"/>	Christmas
<input type="checkbox"/>	Easter
<input type="checkbox"/>	Summer

### INSTRUCTIONS

1. Fill in all information requested.
2. If your student is taking public transportation, please provide a name of the approved adult and an alternate approved adult who will be meeting your student. Also, please provide a contact number for these individuals. Cell phone numbers are preferred.
3. **Email completed form to your student's Student Home or TL building.**

### VISITATION DETAILS

Dates student will be off campus: \_\_\_\_\_

#### PRIVATE Transportation

Sponsor Pick-up       Approved Adult      Name of adult: \_\_\_\_\_

I, or my authorized driver plan to arrive at the Student Home/TL on \_\_\_\_\_ (date) at \_\_\_\_\_ (time)

#### PUBLIC Transportation (Please enclose ticket money or tickets with this form)

Public Bus       Train       Airplane

Destination: \_\_\_\_\_ Payment Confirmation #: \_\_\_\_\_

Approved adult who will meet student: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate approved adult who may meet student: \_\_\_\_\_ Phone: \_\_\_\_\_

### PHARMACY SECTION

Is this a change to the home pharmacy?      Yes      No - If No, skip to Signature Section

Pharmacy Name: \_\_\_\_\_ Phone with Area Code: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### SIGNATURE SECTION

I am not planning a recess and request the student remain on campus.

**Parent/Sponsor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*AGREEMENT: I agree that my typed name here is the legally binding equivalent to my handwritten signature. Clicking on the Submit button means I agree to the terms of this document.*