

OMS Student Visitation Parent Input Form

Student visitation is intended for new potential students to our school. It is not meant for friends hanging out together. We recognize that attending a new school could be a stressful process for any new middle school student. We encourage new parents to contact our district registrar's office to start the registration process and to contact our counseling department ((585) 637-1863 or by email: OMSCounseling@bcs1.org) to make an appointment with one of our counselors. The counselor can help a new family connect with a current student. If the new student already knows someone in school, then every effort will be made to have the new student shadow with that student.

At least two days' notice must be given to teachers and administration of the request. The counselor will take the Student Visitation Form to the current student's teachers and ask them to sign it for approval to visit their classroom. The completed form is then taken to the Assistant Principal for final approval or denial.

The assistant principal will contact the new student's school to verify a good discipline record. If good behavior cannot be verified the visit may be denied.

A copy of the form will be carried by the visiting student while they are here.

Transportation is to be provided by the parents for the visiting student. Lunch may be purchased in the cafeteria during lunch periods.

The Parent Input Form needs to be completed before receiving approval. If this form is not filled out, approval will not be given.

Parent Input Form

Visitor's Parent Name _____

Visitor's Name _____

Parent / Guardian Emergency Phone Number _____

Secondary Contact Name and Phone Number _____

Current School and Contact Name and Phone Number

Please fill out the following questions prior to receiving approval

1. Does your child have any allergies: _____ Yes _____ No

If you answer **YES**, please explain in detail: _____

2. Are there other medical conditions that we should be aware of.
_____ Yes _____ No

If you answer **YES**, please explain in detail: _____

I (Parent Name) _____ give permission to the Oliver Middle School
Administration to contact my child's current school to verify a good discipline record.

Parent signature

Behavior verified _____

Contact Name _____

Administrator's Signature _____