VISITATION AGREEMENT

I, the undersigned, request approval to visit the following classroom(s).

Teacher	Grade	Date	Time
_____	_____	_____	_____

I have received a copy of the Classroom Visitation Guidelines. I have read and understand each item and, by my signature below, agree to adhere to these guidelines.

_____ _____
Signature Date

Approved:

_____ _____
Administrator Date

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