



VISITOR PERMISSION AND OVERNIGHT VISITATION FORM
On Campus/Off Campus*

Student Name: _____ Last First Middle	Date of Birth: _____
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THIS FORM IS REQUIRED FOR EACH STUDENT.

Instructions for completing this Form: THIS FORM MUST BE FILLED OUT AND RETURNED.

MSMS encourages extended family members and friends to visit students during non-academic hours. It is suggested that visitors call several days prior to a visit to be assured that the student will be available. It is school policy to allow only those people identified by the parent to visit their son/daughter. Therefore, please list the names of the people who you will allow visitation and overnight privileges with your child **including yourself, brothers, sisters, other relatives and friends.**

The Names of MSMS students or parents must be added to this list if you wish your child to be allowed to visit during the day or in their home overnight. (We will also require permission from that student's parents each time they visit overnight.) The names of MSMS students or parents that live in the Lowndes County area must be added to this list if you wish our child to be allowed to visit in their home. Please also be aware that MSMS Alumni may come to campus to visit, without being on the list, but your child may not leave campus with an alumnus unless his/her name is on this permission list.

Since school personnel will not know many of the people you list, please inform all visitors that we will ask them for photo identification when they arrive. We will turn away anyone who arrives and is not listed on this form. You may add additional names any time during the year by providing, in writing, the required information directly to the Office of Student Affairs. Please carefully consider the names you put on this permission form and be sure to answer each question for each visitor.

No blanket permissions will be accepted (i.e., "members of the Sunday School class"). Please list individual names.

If the individual listed will **ONLY** be providing a ride to your home for the student, no visiting address is necessary, just check the ride home only box.

This visitation form is extremely important. You must complete all information for permission to leave to be granted. Pay careful attention to the column heading "mode of transportation". Please indicate which mode of travel you wish your son/daughter to use.

* Off Campus = Lowndes County area only



MISSISSIPPI SCHOOL FOR MATHEMATICS AND SCIENCE

DAY AND OVERNIGHT VISITATION FORM

Student Name: _____ Date of Birth: _____ Grade: _____
Last First Middle

THIS FORM IS REQUIRED OF EACH STUDENT. NO STUDENT WILL BE ALLOWED TO SIGN OUT TO VISIT OR TO AN OVERNIGHT DESTINATION UNLESS ALL INFORMATION IS COMPLETED.

Mode of Travel: (A) Student may use own vehicle **(B)** Host will provide transportation **(C)** Transported by other MSMS students

Name	May visit		Relationship	Ride Home Only	Visiting Address	Phone #	Mode of Travel						Overnight Destination-Off Campus
	On Campus	Off Campus					A		B		C		
							YES	NO	YES	NO	YES	NO	

Signature of Custodial Parent or Legal Guardian