

ALAN R. ESTES
SUPERINTENDENT

DAVID LARKIN
PRINCIPAL

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Woodlawn Community High School

DISTRICT 205

300 N. CENTRAL LANE

WOODLAWN, ILLINOIS 62898



"HOME OF THE CARDINALS"

Request for Business Day
"Visitation Verification Sheet"

Student's Name:

Date:

| | | |
|-------------------------------|-----------|---------------|
| Visitation Contact Signature: | | Phone Number: |
| Time In: | Time Out: | |

| | | |
|-------------------------------|-----------|---------------|
| Visitation Contact Signature: | | Phone Number: |
| Time In: | Time Out: | |

| | | |
|-------------------------------|-----------|---------------|
| Visitation Contact Signature: | | Phone Number: |
| Time In: | Time Out: | |

Visitation Summary: _____

School Counselor Signature: _____

Date: _____

Complete the first two form fields and print. Then, during the business day visit, have the form signed by the appropriate person. Upon return to WHS, turn in to Counselor.