



VISITATION PERMISSION

INVITER: _____

VISITOR: _____

DATE OF VISIT: _____

INSTRUCTIONS TO PARENTS:

- INVITER:
1. Read the information, names of students, date of visit above.
 2. If you approve, sign your name below.
 3. Mail this form to the student's (visiting) address listed below.

- VISITOR:
1. Read the information, names of students, date of visit above.
 2. If you approve, sign your name below.
 3. Mail this form to:
 - Richard Keller
 - Director of Student Life
 - Missouri School for the Deaf
 - 505 East 5th Street
 - Fulton, MO 65251-1799

TRAVEL ARRANGEMENTS: _____

INVITER

VISITOR

PARENTS NAME: _____

ADDRESS: _____

PHONE: () _____
Area Code

() _____
Area Code

Signature

Signature

COMMENTS: When the school receives this form, we will call to confirm the visit with both sets of parents. We encourage you to communicate among yourselves.

DSL - Authorization