



**LUNCH VISITOR PERMISSION FORM**

**\* 48 Hour Notice MANDATORY**

Date Received: \_\_\_\_\_

Student Name: \_\_\_\_\_

Visitor Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Lunch Period: \_\_\_\_\_

Assistant Principal Approval: \_\_\_\_\_

Please provide contact information. Parent name and day time contact number.

\_\_\_\_\_



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