



**Landmark School**  
**Office of Student Life**

*Day Student Sleepover Form*

Directions:

- Email or find the Houseparent to ask about staying over. They reserve the right to say no based on the number of day students already sleeping over or behavior from previous sleepovers.
- Complete and submit to Mr. Fauci 24 hours in advance of your stay. You must submit this form each time you stay over.
- If you have medication, you must bring it to the Health Center 24 hours in advance in a prescription bottle with your name on it.

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

Information:

<p>What date are you requesting to sleep over? _____</p> <p>Why are you sleeping over? _____</p> <p>Who are you staying with? _____</p> <p>Which House does your friend live in? _____</p>
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Needed:

_____	Email or find Houseparent to ask about sleepover. <b>DO THIS FIRST!</b>
_____	<b>Health Center Initials</b> (medication must be presented 24hrs in advance in a labeled prescription bottle)
_____	<b>Jean Crane's Initials</b> (must have \$ in acct to do trips)

Parent/Guardian Signature (permission to sleep on campus):

\_\_\_\_\_

\*Please complete and submit to Mr. Fauci 24 hours in advance of your stay\*

\*Residential Staff reserve the right to decline any visit

Please call 978-236-3367 with any questions.