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:

What date are you requesting to sleep over? _______________________

Why are you sleeping over? _______________________

Who are you staying with? _______________________

Which House does your friend live in? _______________________

Needed:

________ Email or find Houseparent to ask about sleepover. DO THIS FIRST!

________ Health Center Initials (medication must be presented 24hrs in advance in a labeled prescription bottle)

________ Jean Crane’s Initials (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.