



Day Student Sleepover Form

Passes due 24 hours in advance

Your Name:
Day & Date of sleepover:
<u>Who</u> are you staying with?
Which <u>house</u> does your friend live in?
Student Cell Phone:
I have: <input type="checkbox"/> No Medication <input type="checkbox"/> Medication (will turn in to Health Center with written order from Dr.)

Approval (signatures required):

Friend's Houseparent Signature:	Friend's Roommate Signature:
Your Parent/Guardian Signature:	Mrs. Oraibi: <i>Student Accounts</i>
Health Center Signature:	

Turn in to Mr. Fauci once you have all of the signatures

Important:

- If you have medication, you must bring it to the Health Center in a prescription bottle along with a written order by your prescribing doctor and your name.
- Your parent/guardian can email Mr. Fauci (jfauci@landmarkschool.org) with permission to stay.