Lake Olympia Middle School Request to visit a classroom

Mustangs Will...

Date Requested:	E mpower
Time Requested:	_
Parent's Name:	
Student's Name:	Dream
Teacher's Name:	
For follow up purposes:	
Email address:	
Work phone: Cell ph	one:
 All visitations must be approved by the class administration in advance. In an effort to sustain a productive classroom delivery of instruction NOT be interrupted or Only adults are allowed to visit a classroom, If a conference with the teacher is requested counselor to schedule an appointment. Please refrain from interacting with students In an effort to ensure our campus is safe and approved classroom. 	n environment, we ask that the disturbed during the visit. please do not bring children. I, please email the teachers and/or in the classroom setting.
Thank you for supporting your child's academic ach provide a safe and productive learning environment your support and cooperation with our visitation pro	t for all students, so we appreciate
Parent/Guardian Signature	Date
Teacher Signature	Date
Administrator Signature	Date Approved