VISITOR'S PASS

Martins Ferry High School 5000 Ayers Limestone Road Martins Ferry, OH 43935

Phone	: 740-633-0684	Fax: 740-635-610	3	
EVENT	DA	TE		
Martins Ferry High School Student: I am requesting permission to bring a for my guest's character and understa District. I also understand that if my g disciplinary action.	guest to attend the sch and that he/she must al	ool sponsored pro	gram listed above.	
STUDENT NAME (PRINT)			GRADE	•.
AGREE TO THE ABOVE CONDITIONS:				
	Student signature		Parent/Guardian sig	nature
VISITOR I am requesting permission to attend Martins sponsored function, and I agree to abide by al includes, but is not limited to, proper dress an beverages, or illegal drugs is prohibited.	i fulles and regulations estab	ason and date listed a	bove. I realize this even	t is a school
GUEST NAME (PRINT):			AGE:	
PARENT/GUARDIAN PHONE:	ATTENDING	HIGH SCHOOL:	· ·	
AGREE TO THE ABOVE CONDITIONS:	·			
ISITOR VERIFICATION OF ENROLLMENT DMINISTRATOR:	,			
lease read the following and sign if you feel th uestlons, please feel free to call our Principal,	nat this Individual is a stude Mr. Joe Mamone, or Assist	nt who would abide b ant Principal, Mr. Ken	y our rules. If you have a Woodford,	any
he above individual attends/attended this hig Ill abide by the established rules and regulation	h school and is known to be	•		on, he/she
dministrator's signature	Hi	gh School	Phone	2
ON HIGH SCHOOL STUDENT				
your guest has already graduated or is homes ho can attest to the accuracy of the informati otions would be their clergyman, their college otions.	on given above. The prefer	red individual would I	on their form or write study	0.1
an attest to	's character.	Relationship		
gned:;	Date:		Dhana	

Date:

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Phone:___:

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