

**REQUEST FOR STUDENT(S) TO VISIT A CAREER PATHWAYS PROGRAM
AT OAOC BOCES**

Date of This Request: _____

Person Requesting Visit: _____ School _____

Name(s) of Visiting Student(s): _____

CP Program to Visit: _____ CP Instructor _____

Date of Visit: _____ Hours of Visit: _____ AM/PM to _____ AM/PM

Day(s) of Week: Monday Tuesday Wednesday Thursday Friday
(circle requested days)

Home School Chaperones attending: _____

Home School Fax Number: _____ Date fax sent: _____

The above visit to the OAOC Career Pathways class as described above has been approved by:

Parent's Approval & Date

CSE Chair Approval & Date

CP Instructor's Approval & Date

Innovative Program Supervisor Approval & Date

OAOC Building Principal Approval & Date

Distribution:

- OAOC Building Principal
- Home School CSE Chair
- CP Instructor
- Other _____

HOME SCHOOL PERSONNEL: Please ask your visiting student(s) to check in at the OAOC office upon their arrival so they can obtain a visitor tag and receive directions to the CP area they are visiting. Thank you for your assistance.

(Please use one sheet for each program to be visited)