

REQUEST FOR STUDENT(S) TO VISIT A CTE PROGRAM AT OAOC BOCES

Date of This Request: _____

Person Requesting Visit: _____ School _____

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

CTE Program to Visit: _____ CTE 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 Occupational Education class as described above has been approved by:

Parent Approval & Date

Guidance Counselor Approval & Date

CTE Instructor Approval and Date

Placement Coordinator Approval and Date

OAOC Building Principal Approval & Date

- Distribution:**
OAOC Building Principal
Home School Guidance Counselor
CTE 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 CTE area they are visiting. Thank you for your assistance.

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