GARDEN SPOT HIGH SCHOOL

669 East Main Street
New Holland, PA 17557-0609
Phone: 717-354-1550
Fax: 717-354-1534

Student Visitor's Form

Name of Garden Spot Student: _____

Grade: _____

The above student would like to bring a visitor on:

Date: _____

Name of Visiting Student: _____

Grade: _____

School Attended/Attends: _____

Immunizations up to date (required)? Y N

Parent/Guardian signature of GSHS student:

_____

Please have your teachers sign this form and return to Mrs. Laudermilch when completed.

I agree to allow this student in my class on the above date:

Block 1: _____

Block 2: _____

Block 3: _____

Block 4: _____

Block 5: _____

Please provide a brief reason for the visit:
_____
_____
_____
_____

Administrative Approval: _____

tll 2/13/26