Capstone Project
Onsite Visit Request Form

No visits will be approved after 2/26/24.

Student Name: _____

Academy/Pathway:_____ Capstone Teacher Name: _____

Purpose of Classroom Visit/In-school Field Trip – Explain how this event will benefit your project and help to answer your central question.

Destination: Room Number _____

Teacher Sponsoring this Visit: _____

Date of Request: _____ Day, Date, & Class Period: _____, _____, _____

Number of Students: _____ (Additional Names if not listed above: _____)

Please have the completed form signed by the following in order. Do not bring directly to the Principal or Attendance Officer.

Sponsoring Teacher: _____ Date: _____

Capstone Teacher:_____ Date: _____

Capstone Chair: _____ Date: _____

Principal: _____ Date: _____

AFTER YOUR VISIT, PLEASE EMAIL THE FEEDBACK FORM FROM THE CAPSTONE WEBSITE TO THE RESPONSIBLE PARTY OR GIVE THEM THIS LINK: https://tinyurl.com/WHSCapstoneFeedback

Office use only: Date out: _____ Periods out: _____