

FAX – (225) 757-3428

RTL: \_\_\_\_\_

Louisiana School for the Deaf  
Weekend Host Permission Form  
2008-2009 School Year

Your Child's Name: \_\_\_\_\_ Dorm:  Elementary  
 Middle School  
 High School

**MY SON/DAUGHTER'S WEEKEND PERMISSION:**

*This form must be submitted to your child's Dorm Team Leader no later than 5:00 p.m. on the Tuesday prior to the weekend of departure.*

My son/daughter has asked the following student to be a guest at our home:

Guest Student's Name:

\_\_\_\_\_

Release Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

I understand that the school is not responsible for my child after he/she leaves the grounds with the above-mentioned individuals. I also understand that the visiting student in my home may need to take medication while staying as a guest at my home, and that it is the responsibility of the visiting student's parent/guardian to supply that medication. **No medication** will be sent from the school for the visiting student. I can be contacted at the following telephone number(s): \_\_\_\_\_ for any questions about this visit.

**Parent or Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE: PARENT OF VISITING STUDENT MUST ALSO SUBMIT PERMISSION.**

DO NOT WRITE BELOW THIS LINE

Verified by Dorm Team Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Original: Student Life Office  
Copy: Team Leader  
Staff Supervisor  
Transportation Coordinator