

# Welcome to Guam Adventist Academy

Please complete and submit the form at the office

## Personal Details

Name	<input type="text"/>
Address	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

## Approval

Purpose and nature of visit	<input type="text"/>
Authorized Signature and Date of Approval	<input type="text"/>

## Details of Visit

- Visit Campus Facilities      CAMPUS TOUR GUIDE: \_\_\_\_\_
- Visit teachers and students during lunch time
- Visit classrooms *(visiting classrooms requires approval from respective teachers in advance)*

Teacher's signature / date / notes

<input type="checkbox"/> 1st Period	<input type="text"/>
<input type="checkbox"/> 2nd Period	<input type="text"/>
<input type="checkbox"/> 3rd Period	<input type="text"/>
<input type="checkbox"/> 4th Period	<input type="text"/>
<input type="checkbox"/> 5th Period	<input type="text"/>
<input type="checkbox"/> 6th Period	<input type="text"/>
<input type="checkbox"/> 7th Period	<input type="text"/>

*I hereby declare that all information in this form is true and correct. I will respect school staff and policies throughout the duration of my visit.*

\_\_\_\_\_  
Signature