



## Day Student Sleepover Form

Passes due 24 hours in advance

<b>Student Name:</b>
<b>Day &amp; Date of sleepover:</b>
<b><u>Who</u> are you staying with?</b>
<b>Which <u>house</u> does your friend live in?</b>
<b>Student Cell Phone:</b>

### Approval (signatures required):

<b>Friend's Houseparent Signature:</b>	<b>Health Center:</b>
<b>Mr. Fauci's Signature:</b> <i>Assistant Dean of Students</i>	<b>Mrs. O'Riordan:</b> <i>Student Accounts</i>
<b>Parent/Guardian Signature:</b>	<b>Friend's Roommate Signature:</b>

### Other Notes:

- Please speak with your friend's roommate, confirm they are okay with you sleeping over, & have them sign.
- If you have medication, you must bring it to the Health Center 24 hours in advance in a prescription bottle with your name on it.
- Your parent/guardian can email Mr. Fauci ([jfauci@landmarkschool.org](mailto:jfauci@landmarkschool.org)) with permission to stay.