21 Sept 2016 8:95-E2

# Community Relations

## Exhibit - Verification of School Visitation

*To be completed by the parent/guardian and given to the Building Principal. Please print.*

This document serves to verify that the named parent/guardian attended a school conference or classroom activity for his or her child held on the date and time indicated below.

Student Conference/Classroom activity

Parent/Guardian name Date/time of conference/classroom activity

Parent/Guardian signature

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

*To be signed by the Building Principal and returned to the parent/guardian.*

Building Principal signatureDate