



GEORGE D. LISBY ELEMENTARY SCHOOL AT HILLSDALE
AMERICAN EDUCATION CELEBRATION REGISTRATION FORM

Student Name: _____

Grade: _____ Homeroom Teacher: _____

Visitors: (Please list below all names of those who may visit your child's classroom, including parents/guardians names)

Parent/Guardian Signature: _____

Please remind all visitors to bring photo ID with them on the day of the visitation. Notify your guests that cell phones, cameras, food and drink are not permitted in the classroom. Visitors will not be permitted in the cafeteria during students' lunchtime. Thank you for your cooperation and we look forward to seeing you in November.



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