Louisiana School for Math, Science, and the Arts

Request for Overnight Guest

(18 years of age or older)

This request must be submitted to the Coordinator of Residence Life no later than 24 hours prior to guest's arrival.

Guests must check in at the Residence Hall Front Office upon arrival and upon departure.

To Be Completed by the LSMSA Student:

_____ _____

Student's Name (host) *Student Room Number*

_____ _____

Name of Parent/Legal Guardian *Phone Number for Verification*

Permission of roommate to have an overnight guest: _____

Roommate's Signature

I am aware that I am responsible for the behavior of my guest at all times. Guests should be accompanied by an LSMSA student at all times.

_____ _____

Student's Signature *Date*

To Be Completed by Guest:

Gender
Male / Female
(Please circle)

_____ _____

Guest's Name *Date(s) of Stay*

Person to be notified in the event of an emergency:

_____ _____

Name and Relation to Guest *Telephone Number*

My signature below indicates that I agree to adhere to the LSMSA rules and regulations. In order to insure compliance with the rules and regulations of LSMSA, I agree to ask clarifying questions if uncertain of an activity prior to performing the same.

Further, I understand that the School's insurance does not cover individuals who are not currently officially affiliated with LSMSA and I am aware that my personal policy should cover any accident that occurs while I am on the LSMSA campus.

_____ _____

Guest's Signature *Date*

To Be Completed by LSMSA Staff:

Verbal permission received from host parent: SLA: _____ Date: _____

CRL Approval: _____ Date: _____

Arrival Time/Date: _____ Staff: _____ Departure Time/Date: _____ Staff: _____