



Southern Independent Schools

VISITING SCHOOL REGISTER

Name of Visiting School : _____

SIS Activity : _____

Date : _____/_____/_____

Arrival Time : _____am/pm

Departure Time : _____am/pm

Accompanying Staff Contact Name : _____

Mobile : _____

STUDENTS:

Total Female Students _____

Total Male Students _____

STAFF:

Total Staff _____

Please provide this information to the Reception upon arrival.

Thank you for your co-operation.