



Haverhill High School Counseling Department
137 Monument Street, Haverhill, MA 01832

Phone: (978) 374-5700 Ext. 1134

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HILLIE FOR A DAY VISIT REQUEST FORM

Name of Student Visitor: _____

Current School: _____

Parent Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

PROGRAM(S)/ACADEMY(IES) OF INTEREST: (CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> Classical Academy | <input type="checkbox"/> Fine Arts Academy |
| <input type="checkbox"/> Humanities Academy | <input type="checkbox"/> STEM Academy |
| <input type="checkbox"/> Business Academy | <input type="checkbox"/> JROTC |
| <input type="checkbox"/> Athletics | |
- Which Sport(s): _____

HILLIE FOR A DAY VISIT DATES

Please choose **three options** for a visit day. Hillie For A Day is offered Tuesdays through Fridays beginning January 30th and ending March 15th.

Visit Date #1: _____

Visit Date #2: _____

Visit Date #3: _____

TRANSPORTATION HOME

- Bus
- Parent Pick Up at 2:05pm
- Walker

AM PROGRAM

- None
 - Language/Chorus/Band/JROTC/Other: _____
- Student will will not attend AM program on visit day.

LUNCH PREFERENCE

- Student will bring own lunch
- Student will purchase lunch in cafeteria

Are there any other notes, concerns, considerations? _____

Parent/Guardian Signature: _____ Date: _____