



The Leadership School at Kieve

Visitor Information Form

School's Name: _____

Contact Name: _____

Contact's Day Phone: _____

Contact's Email: _____

Date(s) of Attendance: _____

Names of Teachers

(Please indicate O for those staying Overnight and D for Daily)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

_____ **Number of Parents anticipated for Learning Together Workshop**

(Please note, there is a recommended donation of \$25 per person, or \$30 per couple.)

_____ **Number of Parents anticipated for Parent Night**

(There is a \$5 donation requested per parent for dinner.)