

WAYNE TOWNSHIP PUBLIC SCHOOLS



Theunis Dey Elementary School
55 Webster Drive
Wavne, NJ 07470

Necole Jadick, Principal
Telephone: 973-633-3155
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Dear Parents and Guardians of K-5 Theunis Students:

You are cordially invited to visit your child's class during American Education Week. The following has been designated as the official **Visitation Day** for elementary schools: **THURSDAY, NOVEMBER 16, 2017.**

The hours for visitation at the elementary schools are as follows. Please attend either an AM or PM session.
AM Kindergarten 9:15-10:15 PM Kindergarten 1:45-2:45
Grades 1-5 9:15 a.m.-10:15 a.m ; 2:00 p.m.-3:00 p.m.

You will be receiving a class schedule from your child's classroom teacher indicating the various instructional activities that will occur. At this time, you are invited to see your child's class in action. You will see how your child's peers interact with one another and their teacher.

Please Note

We will be taking some **necessary precautions** to be certain that our children remain safe. School visitations during this time will be **subject to certain prudent restrictions**. All visitors must present **personal identification** at the school entrance. Parents' names will be checked against school rosters. We ask you not to bring packages into the building. **Any other family member, such as grandparents**, will only be permitted to visit classrooms with the written permission of parents or guardians. **Please complete the attached tear-off, for visitors other than yourself**, whom you are authorizing to visit your child's classroom, and return it to the office prior to the visitation day.

Since this visit is designed to let you see your child and his/her classmates at work, we ask that you help us in the following ways during your visit:

1. **Please enter via the main entrance and check in at the welcoming table to present personal identification.** Students will be available to guide you with finding your child's classroom.
2. Please limit your stay to **thirty (30) minutes per teacher** so that we may accommodate all of our visitors. Visit **only** your child's classroom.
3. **Because we want to avoid disturbing the usual classroom routine, we respectfully request that you do not bring younger children with you.**
4. **Please take a seat in the chairs provided. We ask that you refrain from conversation, which distracts both the teacher and students. We also ask that you not bring food or drinks or cell phones into the classroom. Absolutely NO PHOTOGRAPHS or VIDEO.**

We sincerely hope that you will avail yourselves of the opportunity to visit our school and learn more about your child and his or her school life.

Sincerely,
Ms. Necole Jadick, Principal

American Education Week Parent Visitation Day Permission Form NON-PARENT ONLY

Child's Name: _____ Child's Teacher _____

Visitor's Name/Relationship to Child _____ Time of Visit _____

I authorize the individual named above to visit my child's classroom as indicated above.

Parent Signature _____