SOUTHERN SCHOLARSHIP FOUNDATION
Visitor Sign-In/Out Form
(to be kept in house)

HOUSE: _____

RESIDENT: I accept responsibility for my personal guests while on SSF property. I have read the "Visitation Policy" and agree to abide by it. I understand that I am subject to dismissal from SSF for violation of this policy.

VISITOR: I understand that I am a guest of SSF and that I am to abide by the same policies, rules, and regulations described in The Resident Handbook and Code of Conduct. I have read and understand the "Visitation Policy" and agree to abide by the guidelines.

DATE	RESIDENT NAME (Sign legibly)	VISITOR NAME (Sign legibly)	TIME IN	TIME OUT