

COLLEGE DAY VISIT REQUEST FORM

Student _____

College Visited _____

Date of Visit _____

_____ has my permission to visit the above mentioned college.
Student Name

_____ I will be attending the visit with my student.

_____ I will not be attending with my child; they will be chaperoned by

Name of adult

Parent/guardian Signature

I affirm that the student mentioned above did visit our school on _____.

Official Signature

Phone

This form must be completed and returned to the High School office for the student to be awarded an excused college visit day.

Teachers,

Students are required to have a "C" average in your class to be permitted to visit a college. Please initial and give current grade in your course.

| Period | Course | Initial | Current Grade |
|--------|--------|---------|---------------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ |
| 6 | _____ | _____ | _____ |
| 7 | _____ | _____ | _____ |
| 8 | _____ | _____ | _____ |

Students must also have a good attendance record. You may get your attendance information from the High School Office.

Days absent this semester _____

Days tardy this semester _____

This student meets the requirements to be awarded a college visit day.

Principal/Designee

Date