

# COLLEGE VISIT PERMISSION FORM

All students must have visit approved by having form signed by their respective teachers, counselor and an administrator. Form must be submitted to the Attendance Office no later than two full days prior to the visit.

Confirmation from the College Admissions Office must be presented upon returning to school. If no proof of visit is presented, the student will be marked absent accordingly.

NAME: \_\_\_\_\_ Junior or Senior  
(Please circle)

DATE OF VISIT: \_\_\_\_\_

NAME OF COLLEGE: \_\_\_\_\_

## Parental Permission:

My son/daughter has my permission to visit \_\_\_\_\_ on the date(s)  
Name of College

\_\_\_\_\_ Date

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Parent Signature

Date

## TEACHERS:

The above listed student has informed me that he/she will be on a college visit on the above date(s). This student has my permission to miss class and has been given assignments with the understanding they must make up all missed work within 48 hours of the date of absence.

1<sup>st</sup> Bell \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Bell \_\_\_\_\_ Date: \_\_\_\_\_

3<sup>rd</sup> Bell \_\_\_\_\_ Date: \_\_\_\_\_

4<sup>th</sup> Bell \_\_\_\_\_ Date: \_\_\_\_\_

5<sup>th</sup> Bell \_\_\_\_\_ Date: \_\_\_\_\_

6<sup>th</sup> Bell \_\_\_\_\_ Date: \_\_\_\_\_

7<sup>th</sup> Bell \_\_\_\_\_ Date: \_\_\_\_\_

APPROVING COUNSELOR: \_\_\_\_\_

ADMINISTRATIVE APPROVAL: \_\_\_\_\_