

COLLEGE VISITATION FORM (SENIORS ONLY)
PERMISSION SLIP

Student Name: _____ Date of Graduation: _____

Current G.P.A. _____ Excessive absences (previous 9 weeks) _____
Yes No

College to be Visited: _____ Date of Visit: _____

Location of College: _____

Adult Sponsor (Name): _____

Please Read & Sign:

I verify that my child, _____, will be visiting the above named college. The purpose of this visit is to get additional information to help him/her make a decision as to where he/she will be attending college after graduation. I further verify that my child will be attending this college visit with an adult authority or parent, and not alone with another student.

Parent Signature Date

NOTE: These days will count as absences, but will not count against semester test exemption.

No more than two college visits will be approved, per senior, without the absences counting against semester exemption.

Approved _____ Disapproved _____

Administrator Signature _____