



Post-Secondary Visit Passport

For _____
(student name)

To _____
(name of post-secondary institution)

Please have this portion of the form completed by a representative of the post-secondary institution you are visiting.

_____ visited our institution on _____
(student name) (date)

_____ (printed name of institution representative) _____ (title of representative)

_____ (signature of institution representative) _____ (date)

Students: A Post-Secondary Visit will be approved if:

- 1. A parent/guardian calls the Attendance Hotline the morning of the visit.*
- 2. This completed passport is returned to the CLS Main Office upon return form the visit.*

Juniors are allowed 2 approved college visits. Seniors are allowed 3 approved college visits.



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