



Post-Secondary Visit Request

*Juniors and Seniors are each allowed
three excused visits during each school year.*

Please excuse _____ from school on _____.
(student name) (date)

to visit _____ I am aware that my student is
(name of post-secondary institution)

excused from classes all day but will be responsible for work missed during the absence.

Class _____ Teacher _____

Class _____ Teacher _____

Class _____ Teacher _____

Class _____ Teacher _____

Class _____ Teacher _____

Class _____ Teacher _____

Class _____ Teacher _____

Student signature _____ date _____

Parent signature _____ date _____

Counselor signature _____ date _____

Post-Secondary Visit Passport

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

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

(printed name of institution representative)

(title of representative)

(signature of institution representative)

(date)