

**HAMPTON HIGH SCHOOL  
COLLEGE VISIT FORM**

**STUDENT'S NAME:** \_\_\_\_\_

**DATE(S) OF VISIT:** \_\_\_\_\_

**COLLEGE OR UNIVERSITY:** \_\_\_\_\_

**Admissions Counselor Name:** \_\_\_\_\_

**Admissions Counselor's Email:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_

**\*Verification from the college or university must be turned into attendance office within 24 hours for visit to be an excused absence.**

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