



Carolina Forest High School

Senior College Visit Form



To be completed > & Approved BEFORE > Your College Visit

PART 1:

Part I ***must*** be completed and properly approved by a counselor and an administrator prior to your college visit, BEFORE leaving CFHS campus.

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Student Name

Date

I am requesting permission to visit _____ on _____
 _____ . I understand that I am responsible for any schoolwork and assignments missed due to the absence. A total of two days for college visits are allowed.

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Parent Signature

Date

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Student Signature

Date

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Counselor Signature

Date

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Assistant Principal Signature

Date

PART 2:

To be completed > by the College > You are Visiting

Please have a college representative sign below during your visit.
 The above-named student has completed a tour of our campus on

_____.

 Signature and Title of College Official

 Date

****After your visit, please return this form to the Attendance Office located in the main building.**