## REQUEST FOR COLLEGE VISIT DAY

Date you plan to be gone:	
Student Name:	Grade:
College/University/Institution you plan to visi	it:
College days will be considered an excused ab	bsence as long as you complete the following steps:
<ol> <li>Complete the College Visit request for day before you plan to visit.</li> </ol>	rm and return to the HS Office no later than 3:00 pm the
verification form with required signature	esentative the day of your visit. Return the college visit ure to the office the day you return back to school. lege representative to verify your attendance.
Student Signature:	Date:
Parent Signature:	Date:
Detach and take this	s portion with you to the college visit.
COLLEGE VISIT	VERIFICATION FORM
Today's Date:	
	attended our institution for a college visit.
Student Name	
Signature of College Representative:	
Phone Number:	
Email:	

To verify your excused absence, return this form to the high school office.