Hahnville High School

College Visitation Form

Date of Request:_____ Date of Visit:_____

Student:_____

Name of Institution:_____

Purpose of Request:

_____ College Visit
_____ Armed Forces
_____ Placement/Testing

In the absence of a Hahnville High School faculty representative, I will exhibit appropriate behavior at the above institution. That is, I will behave in an orderly and courteous manner.

_____
Student Signature

I understand that Hahnville High School and/or the St. Charles Parish School system is not responsible during this visitation and hereby release them from all liabilities as a result of the visitation.

_____
Parent Signature

_____
Date

_____ participated in the aforementioned activity.

_____ _____
College Representative Date