

## Chelsea High School College Visit Verification Form

*Chelsea High School students are allowed three school-related Absences per school year for College/Military/Audition visitation during their Junior and Senior years provided certain criteria are met. Please complete the following and return:*

Please mail, email or fax this form to:

Mrs. Lancaster  
Chelsea High School  
740 North Freer Road  
Chelsea, Michigan 48118

klancaster@chelseaschools.org  
734-433-2211 (FAX)

**DO NOT GIVE TO STUDENT TO  
BRING BACK**

### ***Part I – Filled out by CHS Student***

Student's Name:
College/Military Name:
Date of Visit:

### ***Part II - Filled out by Admissions Office Staff:***

Admissions Officer's Name:																					
Admissions Officer's Phone:																					
<p>Please check "Yes" or "No"</p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px 5px;">1. Met with admissions officer?</td> <td style="padding: 2px 5px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px 5px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px 5px;">2. Attended an admissions information session?</td> <td style="padding: 2px 5px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px 5px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px 5px;">3. Attended a guided campus tour?</td> <td style="padding: 2px 5px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px 5px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px 5px;">4. Attended a "special visit day"?</td> <td style="padding: 2px 5px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px 5px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px 5px;">5. Attended orientation/registration?</td> <td style="padding: 2px 5px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px 5px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px 5px;">6. Attended for an audition?</td> <td style="padding: 2px 5px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px 5px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px 5px;">7. Attended for a military visit?</td> <td style="padding: 2px 5px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px 5px;"><input type="checkbox"/> No</td> </tr> </table>	1. Met with admissions officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Attended an admissions information session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Attended a guided campus tour?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Attended a "special visit day"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Attended orientation/registration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Attended for an audition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Attended for a military visit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Attended for an audition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																			
7. Attended for a military visit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																			
I verify that the named student visited as indicated above:																					
Signature: _____																					
Date: _____																					

**DO NOT GIVE TO STUDENT TO BRING BACK**

**Please mail, email or fax to the above**

**This form will not be accepted if hand-carried back by student.**