Oakwood High School
1200 Far Hills Ave., Oakwood, OH 45409

Oakwood CITY SCHOOLS

Together we learn. | Together we achieve. | Together we prepare students for tomorrow.

COLLEGE VISIT FORM

I _____ plan to visit _____

College or University on _____

Day(s) Date(s) Year

NUMBER OF ABSENCES TO DATE: _____

I understand to obtain credit for class work missed, I must make all necessary arrangements with each of my teachers 3 days prior to the visit. Assigned work is to be turned in immediately following the visit.

_____ _____

Student Signature Date Counselor Signature Date

Parents: I understand the above guidelines and agree with the college visit date.

_____

Parent Signature Date

Teacher Signatures

Period 1._____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____

Return Form to the Attendance Office

Approval of the Attendance Office _____ Date_____