

MANHASSET HIGH SCHOOL

FALL 2025 Student Pass • Mini-College Fair/Individual College Rep Visits



Student Name: _____

Date: _____

Please check: Mini-Fair: _____ Period: _____ *(You must return to class)*

Rep Visit: _____ Period: _____

***You must obtain the signature of the teacher whose class you will be missing in order to participate in either of these activities. Please present the signed form to a counselor present at the above event.*

Teacher Name: _____ Class: _____

Teacher Signature: _____

If you are attending a Mini-Fair ONLY (to be completed by a counselor):

Counselor Signature: _____

Time Returning to Class: _____

(For Office Use Only)

Student Name: _____ *Grade:* _____

Attendance Override Period: _____