



## College Visitation Trip Form Request for Absence from School

Please complete the below form and return to the attendance office **one week in advance** of the scheduled visit(s).

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Homeroom: \_\_\_\_\_

Dates of Absence: from \_\_\_\_\_ to \_\_\_\_\_ Total # of Days Absent: \_\_\_\_\_

College(s) visiting: \_\_\_\_\_

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It is the responsibility of the student to contact teachers for all work missed. Upon return to school, the student will have two days to make up the work for every one day absent.

\_\_\_\_\_  
*Parent/Guardian Name*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Principal Signature*

\_\_\_\_\_  
*Date*