1880 Williams Road, Salado, Texas 76571
www.saladoisd.org 254.947.6985 254.947.6984 (fax)

Kris Hobson, Principal
Bryan Stephens, Assistant Principal

COLLEGE VISIT FORM

Student Name: _____ ID # _____

The purpose of a post-secondary or college visit is to learn more about the University, Career/Technical School, or Military branch, to research the admissions process and/or participate in entrance assessments.

In accordance with Board policy, I understand that I am allowed to take two post secondary or college visits during my junior year, and two visits during my senior year. I understand I am responsible for any classwork missed during my visit. I understand days missed due to travel are not covered by the college visit exemption.

I request permission to take my visit on (Date)_____
(School)_____

For attendance purposes, I understand that I will bring documentation to Salado High School on the post-secondary or college letterhead/stationary with the date of the visit and the name and phone numbers of the person issuing the note.
Please describe your plans for the visit in the space below.

_____
_____
_____
_____

Both student and parent signatures are required before the visit. All forms are due to Mrs. Cebreco one week prior to the scheduled visit.

Student Signature: _____Date:_____

Parent Signature: _____Date:_____

Administrator Signature: _____Date:_____