



CHRIST THE KING CATHOLIC HIGH SCHOOL

College Visit Permission Form

Student Name: _____

Grade: _____

Date of Request: _____

College Visit Information

College/University Name: _____

Campus Location (City/State): _____

Date(s) of Visit: _____

Expected Date to Return to CTK _____

☐ Official Campus Tour

☐ Admissions Information Session

☐ Academic Department Visit

☐ Athletic Recruitment Visit

☐ Performing Arts Audition

☐ Scholarship Interview

☐ Other: _____

Student Responsibilities

I understand that:

- College visits are considered an educational opportunity and should be scheduled whenever possible to minimize missed instructional time.
- I am responsible for notifying my teachers *before* the visit.
- I will complete all missed assignments, quizzes, tests, projects, and homework according to school policy.
- I understand that teachers are not required to reteach lessons missed during my absence.
- I will represent Christ the King Catholic High School with integrity, respect, and Christian character throughout my visit.
- I understand that approval of this request does not excuse me from completing all academic responsibilities.

Student Signature: _____ Date: _____

Parent/Guardian Permission

I give permission for my child to participate in this college visit. I understand that transportation to and from the campus is the responsibility of our family. I acknowledge that my student remains responsible for all missed coursework.

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____

Phone Number: _____

Teacher Notification

The student has informed me of this planned absence.

Teacher	Initials
1st Period	_____
2nd Period	_____
3rd Period	_____
4th Period	_____
5th Period	_____
6th Period	_____
7th Period	_____

Administrative Approval

☐ Approved ☐ Denied

Comments:

Administrator Signature: _____ Date: _____

Verification of Visit (Required Upon Return)

Students are required to obtain verification from the college admissions office during their visit.

College Representative Signature: _____

Title: _____

Signature or Business Card Attached: ☐ Yes ☐ No

Date of Visit: _____

Office Use Only

Date Received: _____ Excused Absence Recorded: ☐ Yes ☐ No Attendance Office Initials: _____