

PERMISSION SLIP
COLLEGE VISITATION FORM
(JUNIORS & SENIORS ONLY)

Student Name: _____ Current GPA _____

Absences this semester: _____ Requesting: full day _____ or ½ day _____ (in/out 11:00)

College(s) to be visited: _____

Location of College(s): _____

Date and Time Visit is Scheduled for: _____

Adult Sponsor Attending with student: _____

Parent/Guardian – please read and sign the statements below:

I verify that my child, _____, will be visiting the above named college. **The purpose of this visit** is to get additional information to help him/her make a decision as to where he/she will be attending college after graduation. I further verify that my child will be attending this college visit with an adult authority or parent, and not alone with another student.

_____ Parent Signature	_____ Date
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NOTE: These days will count as absences, but will not count against semester test exemption.

No more than 2- full or 4- half college days will be approved, per senior, without the absences counting against semester exemption.

The administration will not approve the absence if the student has excessive absences or is failing (or in danger of failing) any class.

Approved _____ Disapproved _____

Administrator Signature: _____