

College Visitation Approval Form

Date:	_
Student Name:	
Name of college you plan to visit:	
Date of your visit:	
I, the Parent/Guardian of plans for my child to take a college visitation day. My signat	
understand this absence will be excused provided my child	
Signed:	Date:
School Counselor's signature:	Date:
Teacher Signatures (students must be in good academic sta	nding for teacher approval):
Period 1:	
Period 2:	
Period 3:	
Period 4:	
Period 5:	
Period 6:	

This form must be completed and turned in to Miss Hammond at least 72 hours prior to planned college visit. **Note: College Visits are counted as an excused absence if all paperwork is turned in both before and after the school visit. Students are allowed up to 3 visits each year.



College Visitation Confirmation Form

This form is to be completed and returned to Miss Hammond before 8:30 am the day a student returns from a college visit. If it is not signed and returned the student will be marked for an unexcused absence for the day they are not in attendance.

Student Name:		
Institution Visited:		
Date and Time of Visit:		
Confirmed By:	Must be confirmed by a School Admissions Representative	-
Signature:		
Title:	Phone:	