

STUDENT # _____

COLLEGE VISITATION FORM

NAME _____ DATE OF TRIP _____

DESTINATION OF TRIP _____

COUNSELOR _____

Staff Consent (all work made up ahead of trip, if possible).

Period	Teacher Signature	Yes	No
1			
2			
3			
4/5			
5/6			
6/7			
7/8			
9			
10			

This form must be signed by each classroom teacher one week prior to the college visitation. If it is not presented to the classroom teacher at least one week prior to the visit, the teacher is not required to sign to give the student permission to attend. Should this happen, the student will not be permitted to go.

Student name _____ has my
permission to visit _____ on date
_____.

Parent signature