College Visit Approval Form

Please note that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has an appointment

with the Admissions Office to visit the following college(s). I understand

that transportation arrangements are my (parent/guardian) responsibility.

College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_

College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_

Please indicate if your child will be attending school on the day of the visit and,

If so, the time your child needs to be dismissed from school.

\_\_\_\_\_ My child will be attending school and will leave at \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ My child will not be attending school on this date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Signature