COLLEGE VISITATION FORM

Today's Date_____

NAME_____ DATE of VISITATION _____

COLLEGE_____DEPARTURE TIME_____

PERIOD	CLASS/ASSIGNMENTS	TEACHER SIGNATURE
1		
2		
3		
4		
5		
6(seminar)		
7		
8		

As the parent/guardian of _____, I/we give permission for him/her to miss school to visit the above listed college. It is understood that this is not a school-sponsored activity and that the student will not be transported by or under the supervision of Crete Public Schools personnel. It is also understood that the student must make up class work prior to the visit. As described in the student handbook, this absence will be counted as an excused absence (not as a school activity absence).

_____ _____
Parent Signature(s) Date

_____ _____
Student Signature Date

****This form must be turned in to the Career Center prior to leaving for the activity!****