

# College Visitation Form

Student Name: \_\_\_\_\_

Planned Visitation Date: \_\_\_\_\_

Please fill out this paper (except for the college verification) at least 3 days PRIOR to your college visit.

Hour	Homework for Day of Visitation	Teacher Signature
1		
2		
3		
4		
5		
6		
7		
8		

For Parent:

I understand that my child will be taking a college visit, will provide their own transportation, and will have an excused absence on that day.

\_\_\_\_\_ Signature

For Student:

I understand that it is my responsibility to get my homework and needed signatures. I will show up promptly at the time of my scheduled visit.

\_\_\_\_\_ Signature

For College:

I verify that the above named student attended a college visitation on this date \_\_\_\_\_. I can be reached at \_\_\_\_\_ if further verification is needed.

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Signature

Please bring this paper back to De when you return to school.