

COLLEGE VISITATION FORM

Santo High School

Student's Name _____ Date _____
(submitted to office))

Date(s) to be absent _____

College Location to visit: _____

Teachers are requested to check whether the student is doing satisfactory or unsatisfactory work.

| Period | Class | Teacher Signature | Satisfactory | Unsatisfactory |
|--------|-------|-------------------|--------------|----------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

It is understood that the student will be responsible for all work missed. Work should be done in advance when possible.

Student Signature _____

Parent Signature _____

In order for absence to be counted as a college day, this form is to be completed and signed by the student and parent or guardian and returned to the office for administrative **approval at least 48 hours before the date of the proposed visit.** Students are allowed two college day absences. **Students visiting a college must request that the college counselor, admissions officer, recruiter, etc. give a written statement that the student has been on the college campus on the date indicated. Proper documentation must be presented by the student after the visit before an excused absence is granted. College Days must be taken before May 1st.**

FOR OFFICE USE:

_____ Documentation

_____ Approved for excused absence

Principal's Signature _____ Date _____