

College Day Absence Form

Student: _____

Name of College: _____

Date of Visit: _____

--Signatures Before Leaving--

*These must be complete 2 days before leaving for your visit.

Student: _____

Parent: _____

Teachers: _____

Principal: _____

Counselor: _____

Secretary: _____

--Signature At Visit--

College Representative: _____

Title: _____

*Return to Ms. Payne when form is complete