

MARION COUNTY SCHOOL SYSTEM

**COUNSELOR USE ONLY**

Number of Days Available \_\_\_\_\_

Number of Days Used \_\_\_\_\_

Number of Days Remaining \_\_\_\_\_

**PERMISSION FOR OUT-OF SCHOOL VISITATION**

Date \_\_\_\_\_ School \_\_\_\_\_

**Teachers:**

\_\_\_\_\_ has scheduled a visit to  
\_\_\_\_\_ on \_\_\_\_\_.

You are asked not to count him/her absent from your class on this date. The student is responsible for all make-up work. Please sign below indicating you have seen this sheet. Copies of this permission form will be forwarded to each classroom teacher.

**PERIOD**

**CLASS**

**TEACHER**

1.

2.

3.

4.

5.

6.

7.

**Counselor**

I give my son/daughter, \_\_\_\_\_, permission to visit

Name of Student

\_\_\_\_\_ on \_\_\_\_\_

Name of College/Career Facility

Date

Parent Signature

\_\_\_\_\_ visited our facility on \_\_\_\_\_  
for the purpose of \_\_\_\_\_

Name of Student

Date

Official Signature

Title

Date