

# Columbia Central High School

11775 Hewitt Rd.  
Brooklyn, MI 49230  
(517) 592-6634

## COLLEGE VISITATION FORM

This permission slip must be filled out and returned to the High School Office two (2) days prior to visitation date.

Seniors are allowed two (2) days for college visitations. Juniors are allowed visitations only if approved by the Principal. These visitations will not count toward your eight (8) absences ***IF*** this form is completed and returned as directed.

1. Have the following signatures;
  - a. Parent
  - b. Teachers
  - c. Counselor
2. Return this form to the High School Office. A copy will be made and the original will be given. to you.
3. Take this form with you on your visitation and have the proper college official sign in the provided space.
4. Return the completed form the High School Office upon your return to school.

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STUDENT NAME \_\_\_\_\_

DATE OF REQUESTED ABSENCE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

1<sup>ST</sup> HR TEACHER \_\_\_\_\_  
2<sup>ND</sup> HR TEACHER \_\_\_\_\_  
3<sup>RD</sup> HR TEACHER \_\_\_\_\_  
4<sup>TH</sup> HR TEACHER \_\_\_\_\_  
5<sup>TH</sup> HR TEACHER \_\_\_\_\_  
6<sup>TH</sup> HR TEACHER \_\_\_\_\_  
7<sup>TH</sup> HR TEACHER \_\_\_\_\_

COUNSELOR SIGNATURE \_\_\_\_\_

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**TO BE FILLED OUT BY COLLEGE OFFICIAL**

NAME OF COLLEGE \_\_\_\_\_

DATE OF VISITATION \_\_\_\_\_

COLLEGE OFFICIAL'S SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_