

OHIO HI-POINT CAREER CENTER
COLLEGE VISITATION FORM

Students are allowed three self-arranged college visits while enrolled at Ohio Hi-Point Career Center. Classes missed will not count against the student. No visits will be permitted during scheduled exams. This form must be completed and returned to the Guidance office three days prior to the scheduled visit.

Date: _____ Home School: _____ Program: _____

My child, _____, has my permission to visit
(Name)
_____ in _____
(College) (City/State)
on _____.
(Date)

I understand that Ohio Hi-Point Career Center has no legal responsibility in the event that my son/daughter becomes ill or is injured during this college visitation.

Transportation will be provided by _____

(Parent's signature) (Telephone #)

NOTE TO STUDENT: Have all of your teachers sign below and return to the Guidance office three days before the date of the visitation.

Period 1 _____
Period 2 _____
Period 3 _____
Period 4 _____
Period 5 _____
Period 6 _____
Period 7 _____
Period 8 _____
Period 9 _____

The above named student should be granted permission for this college visit.

(Counselor's Signature)

Copy – Attendance
Copy – Student File