COLLEGE VISITS

_____ _____ _____

Name Grade Today's Date

Post-Secondary Insititution_____

Area of Interest (Major)_____

Date of Visit_____

All Day Visit YES_____NO_____*

*If no, what time will you be leaving _____

Parents are encouraged to accompany their child on all post-secondary institution visits. This form is due in the Guidance Office *three (3) school days* before the visit or it will be denied. Students are ***required*** to obtain a note from the post-secondary insitutions' admissions office and return it to the main office at Midd-West High School within 3 days of the visit.

Parent Permission

I hereby give my permission for _____to make this visit. It is further agreed that departure for all full day visits must be from home absolving the school from responsibility. Those students visiting a college for a half-day should follow school procedures for late arrival or early dismissal.

_____ _____

Date Parent Signature