



College Visit Approval Form

Please note that _____ has an appointment with the admissions office to visit the following college(s). I understand that transportation arrangements are my (parent/guardian) responsibility.

College- _____ Date- _____ Time- _____

College- _____ Date- _____ Time- _____

Please indicate whether your child will be attending school on the day of the visit and, if so, the time your child needs to be dismissed from school.

_____ My child will be attending school and will leave at _____.

_____ My child will not be attending school on this date.

Parent Signature

Date

Counselor Signature

Date

