

Fowler High School College Visitation Form

This form must be completed and signed at least 2 days before visitation occurs.

(Student) _____ has an appointment to

visit _____ College/University on _____
(Name of College or Univ.) (Date)

at _____ o'clock AM / PM .
(Time of appt.)

TEACHER'S APPROVAL

This student has arranged to complete the assigned work for my class.

<u>Period</u>	<u>Subject /Assignment(s)</u>	<u>Instructor's Signature</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____

PARENT'S APPROVAL

I give my son/daughter _____ permission to
leave school for the purpose listed above. I understand that transportation will be provided by:

Name of Driver: _____

Parent's signature

Date

Principal's signature

Date

Counselor's signature

Date