

SAINT BRENDAN HIGH SCHOOL



ST. BRENDAN HIGH SCHOOL
COLLEGE VISITATION

Dear Counselor,

My son/daughter _____ has my permission to visit
STUDENT NAME AND ID NUMBER

_____ College/University on
NAME OF COLLEGE OR UNIVERSITY

_____ MONTH, DATE, YEAR OF COLLEGE VISITATION

I am aware that he/she is responsible for all schoolwork for that day. This permission form only applies to an out-of-town college or university and is good for ONE excused absence.

_____ DATE PERMISSION GIVEN

_____ PARENT SIGNATURE

Dear Teachers,

The above-mentioned student has elected to take his/her college visitation on the above-mentioned date for the purpose of visiting the above-mentioned campus and speaking with members of the college faculty.

The student is responsible for all work missed while away. Please sign below once the student is aware of his/her responsibilities in your class.

_____ GUIDANCE COUNSELOR

_____ DATE

| PERIOD | SUBJECT | TEACHER NAME | TEACHER'S SIGNATURE |
|----------|---------|--------------|---------------------|
| HOMEROOM | | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |