



COLLEGE VISIT APPROVAL FORM

Name of Student _____
Name of College _____
Date of Visit _____ Hours Absent from School _____ to _____
Signature of Parent/Note/Email from Parent _____ Date: _____
Date Approved _____ by _____ (Mr. Coats or Mrs. Long)

RETURN COMPLETED TO THE SCHOOL OFFICE **BEFORE** THE DAY OF THE COLLEGE VISIT



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