

North Springs Charter High School
Request for College Visitation

Name: _____ Grade: _____

College Visiting: _____

City: _____ State: _____

Date(s) of Visit: _____

Date(s) Absent from School: _____

Teachers: This absence will not be excused in the system until the student returns with verification from the college.

| Period | Subject | Teacher's Signature | Satisfactory or Unsatisfactory Work |
|--------|---------|---------------------|-------------------------------------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ |
| 6 | _____ | _____ | _____ |
| 7 | _____ | _____ | _____ |

Parent/Guardian Signature Date

Verification by College

Name of Institution Date(s) of Visit

Signature Title

Student: Absence will be unexcused unless this completed form is returned to the Attendance Office within three days of the College Visit.