COLLEGE CAMPUS VISIT REQUEST FORM

Students may be granted a maximum of three days to visit different college campus locations in an effort to choose a college following graduation. Please complete the form below and return it to the Guidance Office for prior approval.

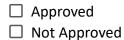
Student Name					Date of Request				
College					Date of Visit				
I have ma	de arrange	ements to vis	it with a col	lege repres	entative at _		am/p	m.	
I will need	l to be abs	ent from sch	ool on					<u> </u> .	
		ignatures of k. (Please ha	-			l miss a	nd have	made a	ırrangement
1 st	2 nd		4 th	5 th	6 th	7 th			

I give permission for my son/daughter to visit the college listed above on the date requested. I also will arrange for transportation to and from the college location and partner with Belleville Christian School in making this a beneficial experience.

Parent Signature

Date

OFFICE USE



Guidance Counselor/Superintendent Signature