

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 made arrangements to visit with a college representative at _____am/pm.

I will need to be absent from school on _____.

I have secured the signatures of all my teachers for the classes I will miss and have made arrangements regarding homework. (Please have each teacher initial below)

1st 2nd 3rd 4th 5th 6th 7th

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

- ☐ Approved
☐ Not Approved

Guidance Counselor/Superintendent Signature

Date