WHS College Visit Form

| Student's Name: | | | | Grade: | |
|------------------------------|------------------------------|--------------------------|-----------------|---|--|
| Date(s)/Time stud | lent will b | e absent: | | | |
| College Visiting: _ | | | | | |
| Parent/Guardian | Signature | 2: | | | |
| experience is an impo | program is ortant step to | an opportunity for stude | and graduation. | ay, or part of a day, visiting a college. This The student is responsible for all work missed s transportation. | |
| Subject | Hour | Teacher Signature | Recommend | Homework/Late Work | |
| | 1 | | YN | | |
| | 2 | | YN | | |
| | 3 | | Y N | | |
| | 4 | | Y N | | |
| | 5 | | Y N | | |
| | 6 | | Y N | | |
| | 7 | | Y N | | |
| Counselor Signature: | | | | Date: | |
| Career Specialist Signature: | | | | Date: | |

EXCUSED ABSENCES POLICY

Absences because of illness, family emergency and/or approved school activities are excused if the school is notified by the parent/guardian as soon as practical of the absence. Absences because of medical appointments, family trips, etc. must be cleared prior to the absence. It is up to the students to arrange make—up of any schoolwork missed. (Board Policy 5200)

This form must be turned in to the High School Office at least <u>1 FULL school day (24 hours) in advance of the absence</u>. A copy can be given to the student as a reminder of school work to be completed upon request. The original form will be kept by the office for records. Additional teacher and/or parent comments may be on the back.