CAMPUS VISITATION FORM

PAWLING HIGH SCHOOL
30 Wagner Rd
Pawling, NY 12564
Phone (845) 855-4615 fax 855-4678

_____has the permission of the Guidance
PRINT STUDENT NAME
Office to visit the following college(s):

_____

_____

_____

DATE(S) OF VISIT(S) _____

STUDENT RESPONSIBILITY

1. Teachers should be notified in advance that you will miss class and any assignments that will be missed should be requested at that time.
2. This form must be signed by you and your parent/guardian.
3. This form with appropriate signatures needs to be returned to your School Counselor for final authorization.

PARENT RESPONSIBILITY:
Your son/daughter will receive the permission of the Guidance Office to visit the colleges listed for the school days indicated with the stipulation that you have authorized this visit. If permission has been extended and proper supervision arranged for, please sign on the appropriate line. Please return this form to your son/daughter so it may be returned to the Guidance Office prior to the college visitation. This form is the only excuse necessary for the **absence** from school which will invalidate perfect attendance.

_____
Student Signature date

_____
Parent Signature date

_____
School Counselor Signature date