



PRIOR APPROVAL for COLLEGE DAY ABSENCE

Student Name _____

Date Request Made _____

Date(s) of Absences _____

Return to School Date: _____

Students, please be aware of the following information:

- (1) The student bears the responsibility of submitting this form to the School Counselor AND Principal for approval at least two days prior to the absence.
- (2) The student bears the responsibility of having each teacher whose class he/she will miss as a result of the absence(s).
- (3) The student bears the responsibility for requesting make-up work and completing it within the time frame determined by the teacher.

Students, complete the details of your visit:

College to visit _____

Reason for visit (*i.e. visit campus; scholarship interview; visit classes, etc.*)

Have you contacted the college/university's Office of Admission concerning this visit? _____

Student is recorded as Absent-Excused only when all required signatures are included below.

School Counselor Signature

Date

PRESENT THIS FORM TO THE TEACHER IN EACH OF YOUR CLASSES FOR SIGNATURES:

NOTE TO TEACHERS: Student should be marked "Absent/Excused" in attendance when this form is signed by Upper School Principal

Teacher Signature _____ Class _____

Teacher Signature _____ Class _____

Teacher Signature _____ Class _____

Teacher Signature _____ Class _____

Teacher Signature _____ Class _____

Teacher Signature _____ Class _____

Teacher Signature _____ Class _____