

**STROUDSBURG AREA SCHOOL DISTRICT
COLLEGE VISITATION FORM**

College visitations:

A maximum of three (3) school days may be permitted with advance permission from the principal. *ONLY SENIOR STUDENTS* are eligible to apply for visitation privileges to a college or trade school to which they have applied for future admission.

THIS SECTION TO BE COMPLETED BY THE STUDENT & PARENT(S)/GUARDIAN(S) AND SUBMITTED TO THE ATTENDANCE OFFICE AT LEAST FIVE (5) SCHOOL DAYS PRIOR TO VISIT.

Student Name _____ ID # _____

HR Teacher _____

Dates of visit - From: _____ to _____ Number of missed school days: _____

Name of College/Trade School: _____

Address of College/Trade School: _____

Parents/ Guardian's Signature _____ Date submitted: ____/____/____

THIS SECTION MUST BE COMPLETED BY TEACHERS:

Subject _____	Teacher _____
Subject _____	Teacher _____
Subject _____	Teacher _____
Subject _____	Teacher _____
Subject _____	Teacher _____
Subject _____	Teacher _____
Subject _____	Teacher _____
Subject _____	Teacher _____

THIS SECTION TO BE COMPLETED BY THE PRINCIPAL:

Total number of college visit days to date _____ Total number of days for all college visits: _____

Total number of days absent to date _____ out of _____ days possible = _____ % attendance.

_____ **Approved/** _____ **Not Approved OR** _____ **Recommended/** _____ **Not Recommended**

Comments if not approved or recommended: _____

Signature of Principal: _____ Date: ____/____/____