MONROEVILLE HIGH SCHOOL COLLEGE DAY PARENT PERMISSION FORM

Student:

This form must be filled out completely and signed by your parent and presented to the Guidance Counselor **one week** before your college visit.

Name of Student		
College to be visited		
Date of visit		
Mode of transportation	If automobile, name of driver	
To be signed by student: I understand that I am rup in advance unless the teache	sponsible for all school work missed on the above date. The sets other plans.	nis work will be made
	Student's signature	
To be signed by parent: My son/daughter has pe	rmission to visit the above college.	
	Parent's signature	
To be signed by principal:		
	Principal	
To be signed by Guidance Cou	selor:	
	Guidance Counselor signature	
assignments from teachers rests with covered. Final evaluation of the wor	much of the work to be missed as possible before departure. The initial he pupil and parents. It is then the responsibility of the student to according to the will rest with the regular teacher.	
Teacher should sign only af	er arrangements for school work missed have been completed.	
<u>Period</u> 1	6.	
2.	7	
3.		
4.	0	
5	10	

COLLEGE VISIT VERIFICATION FORM

In accordance with the guidelines set forth in the "Attendance Policy" section of the Monroeville High Scho	ol
Student/Parent Handbook, students attending college visits are required to provide the following information	n:

- 1. Name of college and the person with whom you met.
- 2. Signature of the person on this form.
- 3. Telephone number of that person.

THIS FORM IS TO BE RETURNED TO THE MAIN OFFICE IMMEDIATELY UPON YOUR RETURN TO SCHOOL. FAILURE TO MEET THESE GUIDELINES WILL RESULT IN AN UNEXCUSED ABSENCE.

Student Name	Date
Print name of College/school	Location
Signature of School Official	Title
Phone Number	

IF POSSIBLE, PLEASE ATTACH A COPY OF THE SCHOOL OFFICIAL'S BUSINESS CARD.