

ARCHBISHOP CURLEY

нісн всноог

COLLEGE VISIT PERMISSION FORM

Student Name	
Name of College/University	
Date(s) of Visit	
This request has been approved by the College C recorded as a counselor excused absence in the so	
Ms. Cara Denney Assistant Director of College Counseling	Date
I request that my son,	, be released nt at the above-named school.
Parent Signature	Date



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COLLEGE VISIT TEACHER SIGNATURE PAGE

Dates of Visit:	This is a Day 1 2 3 4 5 Flex (circle one)
	dule Day your visit is on, please have the appropriate les below. You do not need a signature for lunch. Please e.
1st Period Teacher:	Teacher Signature:
Missed Work:	Date Due:
Faculty Advisor:	Advisor Signature:
2 nd Period Teacher:	Teacher Signature:
Missed Work:	Date Due:
3 rd Period Teacher:	Teacher Signature:
Missed Work:	Date Due:
4 th Period Teacher:	Teacher Signature:
Missed Work:	Date Due:
5 th Period Teacher:	Teacher Signature:
Missed Work:	Date Due:
6 th Period Teacher:	Teacher Signature:
Missed Work:	Date Due:
7 th Period Teacher:	Teacher Signature:
Missed Work:	Date Due:
8th Period Teacher:	
Missed Work:	