PORTLAND CHRISTIAN SCHOOL

COLLEGE VISIT FORM

Please fill out the top portion of this form and return to the school office. The school office ***must*** *receive this form a minimum of one week before scheduled visit or request will be denied and absence will be unexcused. The bottom portion will be filled out and returned to you.*

Student Name: ______________________________________
Grade: ____________ Date: ____________________

Name of College to Visit: ______________________________
Date(s) Scheduled to Visit: _____________________________
Reason for Visit:

____
____

______________________ ___________________________
Parent Signature Student Signature

^^^

OFFICE USE ONLY

Date Received in Office: ______________

Approved: ______ Number of College Visit Days Remaining: ______
Denied: ________

Reason for denial:

____
____

_________________________ ____________
Administrator Signature Date