

# College Visitation Form

Name of Student: \_\_\_\_\_

Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Visitation: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Contact Person of School: \_\_\_\_\_

Phone Number for Contact Person: \_\_\_\_\_

Parent Permission (Signature): \_\_\_\_\_

Assistant Principal: \_\_\_\_\_

Attendance Secretary: \_\_\_\_\_

**\*\* Student: Please return this form to the appropriate attendance secretary for timely processing.**