

NORTHAMPTON AREA SCHOOL DISTRICT

'COLLEGE VISITATIONS'

Complete this form 5 days before leaving for a College Visitation. Return it to the Attendance Office.  
Upon returning to school following the visitation, be sure to submit verification of your trip from the college or university attended.

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

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

\*\*\*Signature of Parent/Guardian \_\_\_\_\_ Date Submitted \_\_\_\_\_

Number of Days Absent \_\_\_\_\_ List Dates of Absence \_\_\_\_\_

College(s) Attending:

Please provide a brief description/explanation of your visitation below:

In order for this visitation to be approved, the student MUST return verification of the trip from the college(s) within three days of returning. Without this documentation, the time will be considered UNEXCUSED ABSENCE(S).

FOR BUILDING OFFICE USE:

Date Received: \_\_\_\_\_

The above request has been:

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Building Principal