



COLLEGE DAY REQUEST FORM

_____ will be taking a college day to

 Name

_____ on

 College/University Name

_____, the _____ day of _____
 Day of the Week Date Month

Assignments:

Assignments are to be filled out by the student. Teachers, please initial beside your class stating that you are aware of the upcoming college day. The student understands that if assignments are not turned in upon returning from the college day, points will be deducted as outlined in the handbook under "Penalties for Unexcused Absences."

Period/Class	Assignment	Teacher's Initials
1 st :		
2 nd :		
3 rd :		
4 th :		
5 th :		
6 th :		

Student, please remember to bring a signed note from the college verifying that you visited. You can drop it off in the front office when you return to school.

Parent/Guardian Permission (Sign Here): _____

Approved By (Office Personnel): _____ Date: _____