



# MOUNT VERNON PRESBYTERIAN SCHOOL

## COLLEGE VISIT ABSENCE REQUEST FORM

FILL OUT AND RETURN AT LEAST 3 SCHOOL DAYS IN ADVANCE OF VISIT

Name of student \_\_\_\_\_ Date of Request \_\_\_\_\_

College(s) to be visited \_\_\_\_\_

Date(s) of visit \_\_\_\_\_

I have discussed this proposal with my teachers and have made arrangements to make up any work missed during my absence. Approval is indicated by signature.

<u>PERIOD</u>	<u>CLASS</u>	<u>SIGNATURE OF TEACHER</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

College Counselor Signature \_\_\_\_\_

**After all signatures have been obtained, please return this form to the Dean of Students.**