



ST. JOSEPH CATHOLIC SCHOOL
OUR LADY OF LOURDES/ST. JOSEPH
ONE GOD • ONE SCHOOL • ONE FAMILY

College Visit Form

Thank you for allowing _____ to visit your campus on:
_____. We are certain it has been an informative visit for the student.

We ask that you sign this form for our records.

College/ University Representative College/University Date

COLLEGE VISIT DAY

Student _____ Parent Signature _____

College/University _____ Visitation Date _____

Teachers, please initial and make note in your class roll that this student has permission to miss school on the date stated to visit a college campus.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | |