



Windber Area School District  
 2301 Graham Avenue  
 Windber, PA 15963  
 (814) 467-4567  
 www.windberschools.org

**COLLEGE / SCHOOL VISIT VERIFICATION FORM**

Please return this section to the Windber Area High School Office when returning to school after a scheduled visit.

\_\_\_\_\_ visited \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
 College / School Official's Signature

✂ \_\_\_\_\_

**COLLEGE / SCHOOL VISIT PERMISSION FORM**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ STUDENT NUMBER \_\_\_\_\_

Please excuse my son / daughter, \_\_\_\_\_, from school on \_\_\_\_\_, for a college / school visit. We have made

arrangements to visit \_\_\_\_\_ at \_\_\_\_\_.

Departure time: \_\_\_\_\_ Approximate return time: \_\_\_\_\_

or

Return to school the next school day: \_\_\_\_\_

\_\_\_\_\_  
 Parent's Signature

Please submit the completed form to the High School Office at least one day prior to the scheduled college / school visit. Detach the top of this form and have it signed by an official at the school being visited.