COLLEGE/CAREER DAY PERMIT

______________________________	____________	___________________
Name of Student	Grade	Date of Request

__________________	__________________	● A.M. ● P.M. ● All Day
Destination	Date of Visit	Length of Visit – Check One

Purpose of visit:____

____

What appointments/plans have you made for the visit?____

____

____

What transportation arrangements have you made?____

____

I hereby give my permission and approval for my child, ______________________________, to make the above mentioned visit.

____
Parent Signature

____
Guidance Counselor Approval

CLASSROOM TEACHER'S NOTIFICATION/CURRENT PERCENTAGE GRADE

	Initials	Percentage		Initials	Percentage		Initials	Percentage
1st Period	________	________	4th Period	________	________	7th Period	_______	_______
2nd Period	_______	________	5th Period	________	________	8th Period	_______	_______
3rd Period	_______	________	6th Period	________	________	Attendance Office____________		

I hereby give my approval for ______________________ to make the above mentioned visit, with the visit not
Name of student
recorded as a school or class absence.

____
Principal Approval

(Do not write below this line.)

(This information may or may not be requested, as deemed necessary by school personnel.)

A post-conference with guidance counselor was held on ______________________________.

Student returned verification of attendance _______Yes _______No

Additional Remarks:____