



SCHOOL DISTRICT OF CUBA CITY
CUBA CITY COMMUNITY HIGH SCHOOL

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COLLEGE VISIT FORM

Please complete this form and return it to the CCHS Main Office when you return from your college visit. You **MUST** also let the office know of your college visit two days in advance so that your absence can be pre-excused.

COLLEGE: _____

DATE OF VISIT: _____

COLLEGE REPRESENTATIVE SIGNATURE: _____

START TIME: _____ END TIME: _____

(To be completed by the college representative)

STUDENT'S SIGNATURE _____

PARENT'S SIGNATURE _____