

Bethel Christian Academy

Official College / University Visit Form

Seniors and Juniors may request up to two (2) college visits per year. This request should be received for consideration at least 2 days in advance. If approved, the student is responsible for getting the assignments they will miss and complete them in advance for each class.

Student's Name: _____

Parent / Guardian Name(s): _____

Name of college / university: _____

Date of visit: _____

I / We give permission for our child, _____ to miss school on _____ (date) to make a college visit to the institution listed above.

Parent's Signature

OFFICE USE ONLY

	Subject	Teacher Signature		Subject	Teacher Signature
Period	1		Period	4	
Period	2		Period	5	
Period	3		Period	6	

VISIT VERIFICATION

_____ (Student's name) visited our college / university on the date listed below.

Date(s): _____

Printed Name of School Official: _____

Signature of School Official: _____

Position at college / university: _____