

TURN INTO ATTENDANCE THE DAY BEFORE YOUR VISIT

SHADE-CENTRAL-CITY JR./SR. HIGH SCHOOL

GUIDANCE DEPARTMENT

I. PARENT'S PERMISSION TO VISIT COLLEGE:

_____ HAS MY PERMISSION TO VISIT

_____ ON _____ FROM _____
(DATE) (TIME)

(PARENT'S SIGNATURE)

II. TEACHER'S PERMISSION TO VISIT COLLEGE:

SUBJECT

TEACHER

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

III. SCHOOL COUNSELOR'S PERMISSION TO VISIT COLLEGE:

MR. CARBAUGH, COUNSELOR