

**Bishop McCort High School
COLLEGE VISIT PERMISSION SLIP**

THIS FORM IS FOR VISITS OR TRIPS THAT ARE HELD AWAY FROM SCHOOL.

Parent Section:

Student's Name _____

Homeroom _____ Grade _____

Date of Trip/Visit _____ **Trip/Visit Destination** _____

I permit _____ to visit the school listed above. My child
(student's name)
will be visiting this site with _____.
(parent, self, or name of friend)

Parent Signature _____ Date _____

Student Section:

I understand that I am representing Bishop McCort High School while attending this function and will act accordingly. I agree to follow the school policies of Bishop McCort High School. I also understand that I am permitted to use 3 days for college visits during my senior year and 2 days during my junior year.

Student Signature _____ Visit # _____

Guidance Counselor Signature _____

Comments: _____

<p>****NOTE: This form must be completed and signed by the guidance counselor for approval prior to the visit. All requests must be in the guidance office at least two days before the visit. Once the form is signed, the student will take the form to the attendance office.</p>
--