Camden Hills Regional High School

POSTSECONDARY VISIT VERIFICATION FORM

Absences for college visits are considered *Excused* with the completion of this form and will count towards a student's total class absences for the semester. If the student's academic standing is in jeopardy due to absences, excused or otherwise, this form may allow an Administrator to waive this absence by re-classifying it as *Administrative Discretion.*

Absences that are not excused with this form or a parent note will be considered *Unexcused.* Please see the Student Handbook for a complete explanation of the CHRHS Attendance Policy.

Student Name: _____

By signing below, you signify that you understand and agree to this college visit attendance policy.

_____ _____

Parent Signature *Student Signature*

Postsecondary Institution: _____ Date of visit _____

By signing below, you signify that the above named student visited your institution on the date indicated.

_____ _____ _____

Postsecondary Rep Name *Signature* *Date*

Postsecondary Institution: _____ Date of visit _____

By signing below, you signify that the above named student visited your institution on the date indicated.

_____ _____ _____

Postsecondary Rep Name *Signature* *Date*

Postsecondary Institution: _____ Date of visit _____

By signing below, you signify that the above named student visited your institution on the date indicated.

_____ _____ _____

Postsecondary Rep Name *Signature* *Date*

Postsecondary Institution: _____ Date of visit _____

By signing below, you signify that the above named student visited your institution on the date indicated.

_____ _____ _____

Postsecondary Rep Name *Signature* *Date*