



SETON CATHOLIC HIGH SCHOOL

College Visit Form

Juniors and Seniors, please complete this form and return it to the office at least 24 hours prior to your scheduled college visit. A copy will be made and the absence will be recorded as excused. The form must be returned to the office again following the visit (signed by the college representative). At this time the absence will be erased from your attendance record.

Name: _____ DOB: _____

Date of Visit: _____ Time: _____ Purpose: _____

Name of College or University: _____ City: _____

Student Signature: _____ Print Name: _____

Parent Signature: _____ Print Name: _____

SCHS Office Signature: _____ Title: _____

College Rep Signature: _____ Print Name: _____