

Central Lake Public Schools  
8190 West State Street P.O. Box 128  
Central Lake, MI 49622-0128  
www.clps.k12.mi.us  
(231) 544-3141

## College Visitation Form

**Student Name:** \_\_\_\_\_

**College to Visit:** \_\_\_\_\_

**Date/Time of Visitation:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Students:** You are allowed three school related absences to visit a college. Fill this form out completely and give it to Mrs. Naumes.

**Teachers:** The student will have you sign this prior to his/her college visit. Your signature indicates awareness of the absence and gives you the opportunity to assign any missed homework.

Hour	Teacher Signature	Homework
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		
4 <sup>th</sup>		
5 <sup>th</sup>		
6 <sup>th</sup>		

**\*\*\*\*\*Bottom portion to be filled out by the College/University Official \*\*\*\*\***

This information is required for verification of the student's attendance at your college/university.

**Official's Name (printed):** \_\_\_\_\_

**Official's Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_