



# BEDFORD NORTH LAWRENCE HIGH SCHOOL

595 North Stars Boulevard  
Bedford, IN 47421  
(812) 279-9756 – FAX (812) 279-9304

## COLLEGE VISITATION REQUEST

Student \_\_\_\_\_ Date of Request \_\_\_\_\_

Grade \_\_\_\_\_

We, the parents/guardians, of the above named student have made arrangements to tour  
\_\_\_\_\_ campus located in \_\_\_\_\_,  
(College) (City)

\_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_.  
(State) (Day(s) of Week) (Date)

\_\_\_\_\_  
Parent's Signature or Note attached

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Administrator's Signature

I understand it is my responsibility to obtain my assignments and return them prior to my college visit. **On my return to school, I must submit verification of my college visit** or my absence will remain unexcused.

Verification received \_\_\_\_\_ (Office use)

**Teachers:** A student is allowed two college visitation days during his/her senior year. In order for the day to be excused, this form must be completed and returned to the Attendance Office at least **\*five school days** prior to the requested college day.

**If this student is behind in your class, you may require all make-up work before signing.**

**Note:** Juniors may be granted a college day if the parents request so in writing to Mr. Beaver or designee prior to carrying this request form. Juniors must be passing all classes to request an excused college visit.

- Period 1 \_\_\_\_\_
- Period 2 \_\_\_\_\_
- Period 3 \_\_\_\_\_
- Period 4 \_\_\_\_\_
- Period 5 \_\_\_\_\_
- Period 6 \_\_\_\_\_
- Period 7 \_\_\_\_\_
- Period 8 \_\_\_\_\_

\*Exception to normal policy has been approved by administration \_\_\_\_\_. Please see Mr. Beaver or designee if you have questions concerning this college visitation form.