**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Excused Release # \_\_\_\_\_ of 2 (Seniors) # \_\_\_\_\_ of 1 (Juniors)**

**Maryville High School College Visit Form**

In order to receive an excused absence not counting against a student’s attendance, this form must be fully completed and returned to the high school counseling office at least **two days** in advance of the actual date of the student’s visit to the postsecondary institution. Failure to submit this form in advance of the visit may result in an unexcused absence.

Date of Absence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post-secondary institution name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post-secondary institution location (city/state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before the visit, details about missed class work should be discussed with each teacher who will initial the appropriate space below, thereby approving the pre-planned absence:

\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Period 1 Period 2 Period 3 Period 4 Period 5 Period 6 Period 7

**Note: Parents must contact the main high school office at 562-3511 on or before college visit day to verify the absence.**

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*This page must be turned in prior to the absence. Student must return a completed “Postsecondary Visit Verification” to your school counselor upon returning to school the next day so we can code your absence as to not penalize your attendance. Additional follow-up by Maryville R-II personnel may occur.\*\*\*\*\*\*\***

***- - - - - - - - - - - - - - - - - - - - - - - DETACH - - - - - - - - - - - - - - - - - - - - - - - - - - -***

***Postsecondary Visit Verification for Excused Absence***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***visited \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Name of Student) (Name of Postsecondary School)***

on ***\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(Date) (Signature of Postsecondary Official) (Phone Number)***