COLLEGE VISITATION VERIFICATION

PART ONE: TO BE COMPLETED BEFORE THE VISIT

This form must be filled out correctly prior to college visit if it is to be used for the attendance review process.

Student Name:	
Stude	nt #:Assistant Principal:
Colleg	ge to be visited:
Dates	of visitation:
schoo	ties you will be attending at the campus that require your participation on a old day:
<u> </u>	
•	Signature of Assistant Principal:
PART	T TWO: TO BE COMPLETED BY COLLEGE OFFICIAL
	DATE:
	SIGNATURE:
	Name of Official:
•	Title of Official
	Phone Number for contact: ()
	ability to verify signature of college official is grounds for denial of the appeal for absence(s) on the above date(s).

A separate form is required for each college visited for each day Arlington Schools are in session.