



# St. John Neumann Regional Academy Jr./Sr. High School

## COLLEGE VISIT FORM

GENERAL INFORMATION		
Student's Name:	Today's Date:	
Grade/Homeroom Teacher:	Date(s) of Visit:	
Parent/Guardian's Name:	Total Number of School Days Absent:	
Parent/Guardian Phone:	College/University Name:	
Parent/Guardian Signature:	City & State:	
Name of College Representative:	College Rep Phone Number:	
SCHOOL APPROVAL		
<i>It is the student's responsibility to see their teachers to get any work that would be missed in their absence, so it can be completed while they are away.</i>		
Signature of the Principal:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  <input type="checkbox"/> Approved, but not recommended	Date: