

COGINCHAUG REGIONAL HIGH SCHOOL

POST SECONDARY VISIT FORM

STUDENT _____

VISITATION SITE _____

DATE AND TIME _____

1. Parent Consent to be absent for above visit: _____

Parent Signature

2. The student should notify all teachers for day of absence:

Day 1

Day 2

A. _____

E. _____

B. _____

F. _____

C. _____

G. _____

D. _____

H. _____

3. When all teachers have signed the form, it should be signed by the Counselor.

Counselor Signature

Transportation and all arrangements for the day away from school will be the student's (parent's) responsibility.

Administrator's Approval for
Visit During School Day