

RAMAPO INDIAN HILLS REGIONAL HIGH SCHOOL DISTRICT

REQUEST FOR EXCUSED ABSENCE FOR COLLEGE VISITATION

A. STUDENT'S NAME: _____ GRADE: _____

Three (3) for Juniors, Four (4) for Seniors – before June 1.
NO COLLEGE VISITATIONS DURING QUARTERLY ASSESSMENTS.

SIGNATURE OF PARENT/GUARDIAN: _____

I have arranged for visitation/interview with the following college/university:

NAME OF COLLEGE/UNIVERSITY: _____

DATE OF VISITATION: _____

B. Prior to your visit, it is your responsibility to inform your teachers of your intended absence. Please note, you are responsible for any missed work.

SIGNATURE OF STUDENT: _____

C. I am requesting that the above date be approved as excused. I understand that the college must verify my visit in order to qualify for the approved absence. Approved absences will be recorded as credit (excused) absences.

SIGNATURE OF COLLEGE OFFICIAL: _____

PRINTED NAME OF COLLEGE OFFICIAL: _____

POSITION OF COLLEGE OFFICIAL: _____

PHONE NUMBER AND EXTENSION: _____

DATE OF VISIT: _____

D. Upon return, and after all signatures have been obtained, please turn in this form to the Assistant Principals for their approval as an excused absence.

ASSISTANT PRINCIPAL SIGNATURE: _____