



CHATTANOOGA CHRISTIAN SCHOOL COLLEGE VISITATION FORM

1

Student's Name: _____ Date: _____

Name of College You Plan to Visit: _____

Date of your Visit: _____ Time: _____

Department Visit (Circle One): Yes No

Parent's Signature:

I, the parent of _____ (student), have seen the above completed plans for my child to take a college visitation day. My signature indicates my approval of the planned college visit. I understand this absence will be excused, provided my child follows the procedures set forth by the school.

Signed, _____ (Parent/Guardian) Date: _____

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This form must be completed and turned in to the Guidance Office at least 72 hours prior to the planned college visit. All assignments are due before departure or day of return.

Guidance Counselor's Signature: _____ Date: _____

*Return this College Visitation Form to Mrs. Arnold in the Guidance Office.

**Note: College visits are counted as an excused absence. Students are allowed to attend athletics practices and other extra-curricular activities on the day of a college visit.

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Teacher Signatures:

Period 1: _____

Period 2: _____

Period 3: _____

Period 4: _____

Period 5: _____

Period 6: _____

Period 7: _____