

**POTTSVILLE AREA HIGH SCHOOL
COLLEGE VISIT REQUEST FORM**

SCHOOL COUNSELORS & EMAIL ADDRESSES:

Mary Beth Conville: mbconville@pottsville.k12.pa.us

Michelle McGinty: mmcginty@pottsville.k12.pa.us

Please complete the form below in order for your son/daughter to be excused to visit a college, university, or other higher education institution. A request for a college visit must be made **two weeks in advance** of the desired absence. Failure to adhere to this deadline will result in an unexcused absence. Students are encouraged to tour schools during the summer and weekends first. All juniors and seniors are allotted three (3) days to tour throughout the school year. Additional requests must be approved by the principal.

Name of Student: _____

Grade: _____

College(s) you are planning to visit	Date of Scheduled Visit

List names and addresses of adult(s) who will be accompanying you on the college visit.

I understand that it is the student's responsibility to obtain and complete all classwork missed during the absence. I understand that a letter of verification from the admissions office of each college visit must be submitted to the main office of the high school upon return to school.

I verify that I have read and approve the above request.

Parent Signature

Date

School Counselor Signature

Date

Principal Signature

Date

Superintendent Signature

Date

cc: _____ School Counselor