



## College Visit Form

Please complete this form and return it to the office **at least 24 hours prior** to your scheduled visit.

Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Name of College or University: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Office Rep Signature: \_\_\_\_\_

College Rep Signature: \_\_\_\_\_

**Please return to Mrs. Blakely in the school office the morning you return to school.**