

**COLLEGE VISITATION PERMISSION FORM  
KIOWA COUNTY HIGH SCHOOL**



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**COUNSELOR CONSENT**

STUDENT \_\_\_\_\_ DATE OF VISIT \_\_\_\_\_

COLLEGE TO BE VISITED \_\_\_\_\_

ARRANGEMENTS WERE MADE BY:  Counselor  Parent  Student

COUNSELOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**PARENT/GUARDIAN CONSENT**

I give permission for my son/daughter to visit\_\_\_\_\_. I understand that Kiowa County High School does not provide a faculty sponsor or transportation for college visitation days. Therefore, my son/daughter is my responsibility during the visit.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**VERIFICATION OF ADVANCE MAKE-UP WORK**

The above student will be absent on the specified date from your class. Please initial to verify that make-up work has been given or arrangements have been made for the hour the student will miss your class.

<b>Period</b>	<b>Assignment</b>	<b>Due Date</b>	<b>Teacher Initials</b>
1st			
2nd			
3rd			
4th			
5th			
6th			
7th			

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**OFFICE CONSENT**

(Get this signature after the form has been completed.)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***This form must be completed prior to your college visit.***