



TULPEHOCKEN JUNIOR-SENIOR HIGH SCHOOL

Expect. Believe. Achieve.

COLLEGE VISITATION PERMISSION SLIP

(Student Name)

will be visiting

_____ on _____
(Name of Institution) (Visitation Date)

☐ I will be absent the entire day

☐ I will be arriving late to THS

☐ I will be leaving THS early @ _____

I understand that I am responsible for making up any missed assignments. I also understand that transportation to and from the school is my responsibility.

Student Signature

Date

Parent/Guardian Signature

Date

*Please return this permission slip to the **ATTENDANCE SECRETARY** at least 2 days before your visit.