

TULPEHOCKEN JUNIOR-SENIOR HIGH SCHOOL

Expect. Believe. Achieve.

COLLEGE VISITATION PERMISSION SLIP

_		
(Student Name)		
	will be vis	iting
on		
(Name of Ins	titution)	(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

Parent/Guardian Signature

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

Date

Date