

# Anthony Wayne High School College Visitation Form

School attendance laws for the State of Ohio do not provide for excused absences for college visitation. However, Anthony Wayne High School will allow absence and accept prior or make up academic work under the following conditions:

1. Notifications should be made to the school at least 5 school days prior to departure.
2. Notifications to the student's teacher 5 days in advance.
3. Notifications to the student's counselor 5 days in advance.
4. **Parent/guardians must sign this document.**  
**Any college visitation not meeting the above criteria will not be excused and no prior work will be allowed or accepted.** College visitation absences that extend the student's total absence beyond the 6 day limit will **not** be excused.
5. College visits are limited to JUNIORS and SENIORS. The maximum visits allowed are **three**.

## PROCEDURE:

1. Request this form from office secretary.
2. Fill out portion of form with your name, destination, and days absent. Also list classes so teachers may sign in appropriate place.
3. Take form to your counselor to have counselor sign it.
4. Take the form home. Have parent/guardian sign form.
5. Take form to all teachers. Have them sign and make comment of homework.
6. Return form to office. Administrator will need to sign/ authorize absence.
7. There is a green form (1/2sheet) to be taken to college with you for university stamp, or student is to bring other documentation from School to verify visit on said date. Return this to office upon return to school. (College Visit form 2011 B)
8. Students will be issued a gold slip upon return from college visit for those days within the six (6) day limit.

Name \_\_\_\_\_ Grade \_\_\_\_\_

Destination \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_ Total Days Absent: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

CLASS	TEACHER'S SIGNATURE	HOMEWORK/ COMMENTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Counselor \_\_\_\_\_ Administrator \_\_\_\_\_ Date \_\_\_\_\_ CV Days YTD \_\_\_\_\_