

OTUDENT

## Gladwin High School Guidance Office



1400 N. Spring Street Gladwin, MI 48624

Phone: (989) 426-8112 Fax: (989) 426-6031

Judy Grove *Guidance Counselor msgrove@gcsnet.org* 

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Karen Thorne Records Secretary msthorne@gcsnet.org

## **COLLEGE VISIT VERIFICATION FORM**

College visitation will be considered school related absences for students with **Junior or Senior status**, but are limited to **two visits per school year**. This completed form serves a written verification of the visitation appointment and must be **received by the attendance office within 3 days of the visit** in order to be considered school related and NOT count toward the attendance limit.

STUDENT:		CURRENT GRADE:		
I plan to visit		College/Univer	College/University on this date	
I understand that this privileg	e does not exclud	le me from class assignn	nents.	
Student Signature	Date	Parent Signature	e Date	
Please notify your teachers or guidance counselor for a sign the day of your absence belo arrangements in advance reg	nature, write the now and collect you	ames of the classes you r teacher's initials for each	would normally have on ch class. Please make	
1		4		
2		5		
3		6		
$\overline{G}$	uidance Counselo	or Signature		
College Admissions Counselor: Gladwin High School enforces a str we are requesting a business card	ict attendance policy.	In order for this college visit to	ication.	
The student listed above did visit ou	ur campus today.			
Admissions Counselor Signature		Phone	Date	