## Madison Plains High School College Visitation Form

			has my permission to visit
(Student Name)			
(Colle	ge/University)	on	(Date of College Visit)
understand that the above Colle llowed to make up any work for	ege Visit will count		
(Parent/Guardian Signature Requir	ed**)		(Today's Date)
eriod	Class		Teacher Signature
.)			
.)			
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.)			
.)			
d.)			
.)			
Mr. Kyle Huffman Principal**	Lindsey Mee A-L Counselor**	or Lynne Robbins M-Z Counselor**	Carrie Whitaker Attendance Secretary
** <u>NOTE</u> - All required signat Ars. Whitaker, in the main offi hem on the college visit; have in lay they return to school after t	ice, <u>BEFORE THE</u> t signed by a colleg	VISIT. Students	will take the original copy wi
College Confin	rmation (To be com		
(Student Name)	_visited(Nam	ne of School)	on (Date)
(College Representative Signature)		(College Ren	resentative Printed Name)