BLOOM-CARROLL HIGH SCHOOL

POST-SECONDARY VISITATION FORM

***Complete Form * HS Office Signs Form Before Visit**

***Authorized Rep Signs Form Day of Visit * Return Signed Form to HS Office**

BEFORE YOUR VISIT:

Student Name:_____ Grade:_____

Nature of Visit: College / Shadowing / Pre-Apprenticeship (*circle one*)

Place of Visit: _____Date of Visit:_____

☐ I will miss a ***full day*** of school

☐ I will ***arrive late*** to school; returning at _____ (a.m./p.m.)

☐ I will ***leave*** school ***early***; signing out at _____ (a.m./p.m.)

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
BCHS Office Signature Date

CONFIRMATION OF VISIT COMPLETION: (REQUIRED)

_____ _____
Signature and Title of Authorized Representative Date

- ALL POST-SECONDARY VISITS MUST BE SCHEDULED AND APPROVED AT LEAST **THREE (3) DAYS PRIOR** TO YOUR ACTUAL VISIT.
- Students are permitted up to three (3) Post-Secondary Visits per school year as a Non-Absence. Additional Post-Secondary Visits will be considered a regular absence and will count toward your absence hours.
- An Authorized Representative must SIGN your Visitation Form, and it MUST BE RETURNED to the high school office in order for your visit to be considered a Non-Absence.