

**CUMBERLAND REGIONAL HIGH SCHOOL
COLLEGE VISITATION APPROVAL FORM
11TH or 12TH Grade Students**

1096

Please have this form completed before obtaining parent signature.

**FORMS MUST BE RECEIVED BY ATTENDANCE OFFICE 5 DAYS PRIOR TO COLLEGE VISIT.
ATTENDANCE POLICY INFORMATION**

Pending approval and **PROOF THAT YOU HAVE VISITED THE COLLEGE**, college visitation days being requested will not count in the student's total absences from school and will be considered the same as an explained absence. Unapproved days for college visits will count in the student's total absences from school.

Name _____ Grade _____ Current Date _____

Parent/Guardian _____ Phone No. _____

College(s) to be visited and location _____

Specific Dates to be absent from school _____

TEACHER REPORT:

<u>Period</u>	<u>Comment/Recommendation</u>	<u>Current Grade</u>	<u>Teacher Signature</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

PARENT'S ACKNOWLEDGEMENT: I have reviewed this form and understand my child's academic and attendance status. I realize these days will not be considered absences if approved by an administrator; however, I also understand the implications related to loss of course credits for unexcused days.

_____ I have attached correspondence relating to the college visit.

_____ There has not been any correspondence pertaining to request.

_____/_____
Signature (Parent/Guardian) Date

OFFICE INFORMATION

Student's days absent _____ tardy _____ suspended _____

Comments _____

Approved _____ Not Approved _____
_____/_____
Attendance Secretary Date



CUMBERLAND REGIONAL HIGH SCHOOL

90 Silver Lake, Bridgeton, NJ 08302
Phone: (856) 451-9400 / Fax: (856) 455-8514 / Website: www.crhsd.org



Principal
Ralph Aiello

Supervisor of Athletics
Rod Sharpless

Child Study Team Director
Amy Draggoo

Interim Supervisor of Curriculum
Bonnie C. Powers

Assistant Principals
Terence Johnson
Joseph J. Spoltore
Robert J. Vannella

Supervisor of Instruction
Barbara A. Hughes

Dean of Students
Dana Whelan

Interim Supervisor of Instruction
Valerie Sheppard

COLLEGE VISITATION VERIFICATION LETTER

To Whom It May Concern:

The following student, _____, has permission to visit your college on _____.

Your signature on this paper acknowledges that the student named above visited your college today.

Print Name

Position

Signature

Phone number or email