



POCONO MOUNTAIN SCHOOL DISTRICT

College Visitation Approval Request

SCHOOL _____ GRADE _____ HOMEROOM _____

Permission is requested for _____ to be excused from school to complete a college visitation(s) as per district Policy # 204.

College visitation dates: _____ through _____ Total number of school days missed: _____

College(s) to be visited: _____

I have read the College Visitation policy and will complete the required expectations (i.e. provide documentation of the visitation to the building administration upon the return of my child to school; ensure my child completes all work missed as a result of such absences from school, etc.).

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY

Days Absent: _____ Days Tardy: _____

PRINCIPAL'S DECISION

The above-named student is excused from school on the following dates (school days) to complete college visitations at the identified institutions:

The request to excuse the above-named student from school to complete college visitations is denied for the following reasons:

Principal Signature: _____ Date: _____

cc: Attendance Office
Guidance Department