



## The Woodstock Academy

### STUDENT PERMISSION FORM FOR COLLEGE VISIT

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

College: \_\_\_\_\_ State \_\_\_\_\_

Date(s) of visit: \_\_\_\_\_

Indicate why you are interest in visiting this college:

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Please remember that you are responsible for all work missed during the time you are absent. If approved, these days will be "excused absences." You are required to provide Woodstock Academy with written verification of your visit on letterhead, signed and dated by the college representative. Students are limited to 2 absences per semester for college visits.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

Please return this form to your school counselor one (1) week prior to your college visit.

\_\_\_\_\_  
Attendance Secretary – office use only