



Scotus Central Catholic

1554 18<sup>th</sup> Avenue • Columbus, NE 68601 • PH:402-564-7165 • FAX: 402-564-6004

## College Visit Permission Form

This form must be completed before leaving for the college visit. Please bring to Mrs. McPhillips at least a day in advance so you can be excused for the day.

Student Name (Please Print):

Grade:

Name of the school visiting:

Parent signature:

Student will miss school on (Month/Day):

Class periods the student will miss:

Counselor signature:



## Scotus Central Catholic

1554 18<sup>th</sup> Avenue • Columbus, NE 68601 • PH:402-564-7165 • FAX: 402-564-6004

**You are responsible for contacting your teachers and letting them know you will be missing their class. Please get the following signatures:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_