



# NEW LOTHROP HIGH SCHOOL



## College Visit Absence Form

STUDENT NAME \_\_\_\_\_

GRADE \_\_\_\_\_

DATE(S) ABSENT \_\_\_\_\_

COLLEGE VISITED \_\_\_\_\_

\_\_\_\_\_  
College Representative's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

*Student must submit this completed form to the High School Office in order to receive a non-charged absence with Principal's approval.*