

**Holy Name High School  
Request for College Visitation/ Shadow Day**

Date: \_\_\_\_\_

Homeroom \_\_\_\_\_

\_\_\_\_\_ has my permission to be excused from school  
(Student's name)  
on \_\_\_\_\_ to visit \_\_\_\_\_.  
(date) (college or shadow experience)

I understand that my student is responsible for all class work and assignments that will be missed on the day(s) of the campus visit. Upon returning to school my student must turn in written verification completed by the **college(s) admissions office** to the attendance office.

**Failure to comply with this policy may result in an unexcused absence.**

\_\_\_\_\_  
(Parent/Guardian Signature)

Please have all the teachers of the classes in which you are presently enrolled, read and sign in the space provided below.

<u>SUBJECT</u>	<u>TEACHER'S SIGNATURE</u>	<u>ACCEPTABLE</u>	<u>UNACCEPTABLE</u>
<u>RELIGION</u>	_____	_____	_____
<u>ENGLISH</u>	_____	_____	_____
<u>SOCIAL STUDIES</u>	_____	_____	_____
<u>MATH</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\*Please note: this form must be turned in to the attendance office 3 days prior to the college visit.**

\*\*\*Remember that when the student returns to school from the college visit they **must** have written verification completed by the college admissions office. If the student did not get it at the time of visit, please contact the admissions office and have them fax or e-mail the verification to the attendance office.

Fax number: 440-886-1267

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