

COLLEGE VISIT FORM

WELLINGTON-NAPOLEON R-IX HIGH SCHOOL
800 N. HWY 131 Wellington, MO 64097
(816)240-2621

College Visitation Prior Approval Request Form:

Student Name: _____ Date: _____

College: _____

College Contact Person: _____

Date of Visit: _____

Reason for Request: _____

Student Signature: _____

Parent Signature: _____

- Juniors have one college day. Seniors have two college days.
- Form to be completed by parent, school principal, and student.
- Must get college stamp/signature.
- Each college visit counts as an excused absence.

Prior approval if signed by administrator: _____

**School Principal (must be signed
prior to departure)**

College Representative Signature: _____

Date: _____ College Seal/Stamp: