

COLLEGE VISIT NOTIFICATION FORM

Student's Name: _____

Name of College: _____

Date of Visit: _____

Bell **Teacher Signature**

A _____

B _____

C _____

D _____

Bell **Teacher Signature**

E _____

F _____

G _____

H _____

Students are responsible for checking The Portal for assignments.

Parent/Guardian Permission: _____

College Counselor Signature: _____

Athletic Coach Signature: _____
(if playing a sport)

After signatures are secured, please return this form to the US office for attendance purposes.