

SCHOOL **BOARD OF TRUSTEES**

CASA Alicia McDonald, President **CHARTER** Dr. Richard Fry, Vice-President Jennifer Mariacher, Treasurer Emily Klauer Sullivan, Secretary Dr. Christopher Healy Elizabeth Mullaugh **Christine Pavlakovich** Elizabeth Reusswig Cheryl Rudawski

College Visitation

PLEASE SUBMIT THIS FORM TO THE ATTENDANCE OFFICE AT LEAST 24 HOURS IN ADVANCE OF YOUR VISIT.

The top part of the form should be completed by the parent/guardian of the student going on the visitation. During the visitation, a representative must complete the bottom portion. The entire form should be returned to the CASA Main office immediately after the visitation.

	has my permi	ssion to take a college visit
(Student Name)		
	on	
(College or University)		(Appt. Date)
Parent Signature		Date
A representative from the	university/college	should complete this part o
A representative from the	university/college visited	should complete this part o
A representative from the (Student Name)	,	should complete this part of the control of the con
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(Student Name)	,	Ť Ť
(Student Name)	,	Ť Ť

Please attach a business card or provide contact information (email and/or phone number).