

**SENIOR STUDENT REQUEST FOR COLLEGE VISIT**



**LYMAN HIGH SCHOOL**  
865 S. Ronald Reagan Road  
Longwood, Florida 32750  
Phone: (407) 746-2050  
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**MICHAEL HUNTER**  
*Principal*

**FAITH COTTER**  
*Assistant Principal*

**SUZANNE SKIPPER**  
*Assistant Principal*

**MICK SHOWALTER**  
*Assistant Principal*

**JESSE WALKER**  
*Assistant Principal*

**RAMSEY ROBINSON**  
*School Administration  
Manager*

**JOHANNA VELAZQUEZ**  
*School Administration  
Manager*

**TREVIS NELSON**  
*Dean of Students*

**CARLY BURNS**  
*Athletic Director*

Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

I am requesting an excused absence from school on the following date:

\_\_\_\_\_

This request is in conjunction with a pre-enrollment visit to the following college or university:

\_\_\_\_\_

This is my (check one) \_\_\_ first, \_\_\_ second, \_\_\_ third, \_\_\_ fourth visit this school year.

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

**COLLEGE VERIFICATION**

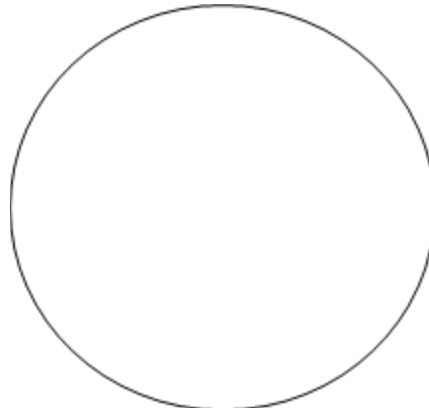
I certify that I have met with the above named student for an official college visit.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_

College/University \_\_\_\_\_

Please place official school seal/stamp here:



*Note to Student: Please give completed form to Front Office - Attendance.*



**SEMINOLE COUNTY  
PUBLIC SCHOOLS**

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