

Brownsburg High School

College and/or Vocational School Visit Permission Form

*(**This form must be turned in to the Team office at least one (1) day prior to the absence.)*

Student Name: _____

Date of Absence: _____

Institution: _____

Counselor Signature: _____

Parent Approval Signature: _____

This visitation will count toward each student's 10 day MAXIMUM absences allowed for the year.

***NOTE: STUDENT MUST OBTAIN WRITTEN VERIFICATION FROM THE INSTITUTION THAT THEY WERE IN ATTENDANCE AND TURN IT IN TO THE TEAM OFFICE UPON THEIR RETURN TO SCHOOL. (The absence is not considered excused until all paperwork is received.)**