

**LAKE PARK HIGH SCHOOL**  
**REQUEST FOR COLLEGE DAY VISIT**

DATE OF REQUEST \_\_\_\_\_

NAME \_\_\_\_\_ I.D.# \_\_\_\_\_

DATE OF COLLEGE VISIT \_\_\_\_\_

COLLEGE YOU ARE VISITING \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY COUNSELOR**

NUMBER OF ABSENCES THIS SEMESTER \_\_\_\_\_

NUMBER OF CLASSES PASSED AT LAST MARKING PERIOD \_\_\_\_\_ of \_\_\_\_\_

COUNSELOR SIGNATURE \_\_\_\_\_

**FORM MUST BE COMPLETED PRIOR TO DATE OF ABSENCE AND  
RETURNED TO STUDENT SERVICES OFFICE.**