

JOHN GLENN HIGH SCHOOL

COUNSELING DEPARTMENT

Sarah Rippey, Counselor • Angie Foresman, Counselor • Donia Hudgen, Counselor
Ann Hoover, Guidance Secretary

VISITATION FORM FOR COLLEGE, VOCATIONAL SCHOOL AND MILITARY

INSTRUCTIONS – MUST BE FOLLOWED IN ORDER:

1. Make an appointment with a representative of the school you plan to visit. (You must have a pre-arranged appointment for your visit.)
2. Fill out the form on the back of this page, get signatures in order that they are numbered, for example, obtain your parent's signature FIRST. Be sure to include the name of the person you contacted and date of your appointment. This, too, must be done prior to your visit. Signatures 1-4 must be completed one week prior to your scheduled visit.
3. After you have your Parent's signature, obtain the Assistant Principal's signature, your Teachers' signatures, Attendance signature and then your Counselor's signature.
4. When you visit the college or school of your choice, be sure a representative signs this form (#7).
5. On your next day back to school, give this form to the Guidance Secretary in order to be excused for your absence. ONLY THIS FORM will be your excuse and you must have all signatures.
6. If all these steps are not followed, your visitation is "unexcused" and counts toward your six-day absences.
7. All work must be completed prior to leaving or on the first day back to school, unless arrangements are made with your teacher. All tests must be made up the first day back. EXCEPTION: Semester exams CANNOT be made up.

PLEASE NOTE THE FOLLOWING REQUIREMENTS:

- Juniors are allowed one (1) college visitation day and Seniors are allowed two (2) college visitation days.
- Visitation days will not be scheduled on or after May 1st.

201 John Glenn Drive, Walkerton, IN 46574 • Phone: (574) 586-3195 • Fax: (574) 586-3905 • www.jgsc.k12.in.us

FOR SENIOR AND JUNIOR USE ONLY

(DATE _____)

**VISITATION FORM FOR
COLLEGE, VOCATIONAL SCHOOL AND MILITARY**

_____ has permission to visit
(Senior or Junior Name)

_____ located at
(Name of College, Vocational School or Military)

_____ on _____
(City) (Date)

Student has contacted the school or military _____
(Y/N)

Name of Person contacted: _____

**VALIDATING SIGNATURES
(TO BE OBTAINED IN ORDER):**

1. Parent of Guardian _____ Date _____

2. Student _____ Date _____
(Your signature here also indicates you have read and understand ALL instructions
on this form and agree to follow ALL steps.)

3. Assistant Principal _____ Date _____

4. PERIOD	SUBJECT	TEACHER'S SIGNATURE
1 st	_____	Date _____
2 nd	_____	Date _____
3 rd	_____	Date _____
4 th	_____	Date _____
5 th	_____	Date _____
6 th	_____	Date _____
7 th	_____	Date _____

5. Attendance _____ Date _____

6. Counselor _____ Date _____

7. College or Military Representative _____

Phone Number _____