## **GRIGGSVILLE-PERRY COMMUNITY UNIT SCHOOL DISTRICT #4**

*Elementary/High School* 202 N. Stanford Street P.O. Box 439 Griggsville, IL 62340 (217) 833-2352 *Fax:* (217) 833-2354 "Home of the Tornadoes" *District Office* 202 N. Stanford Street P.O. Box 439 Griggsville, IL 62340 (**217**) **833-2352**  *Middle School* 201 E. North Street P.O. Box 98 Perry, IL 62362 (217) 236-9161

Superintendent: Mr. Kent Hawley

"Home of the Eagles"

## **College Visit/Job Shadowing Permission Form**

Please complete this form and return in to the Guidance Office <u>at least a minimum of 1-week notice prior</u> to the scheduled college visit. Failure to complete this form will result in an unexcused absence.

| Student:                                           |                                         |
|----------------------------------------------------|-----------------------------------------|
| Date of Visit:                                     |                                         |
| Destination:                                       |                                         |
|                                                    | has my permission to visit              |
| (student name)                                     |                                         |
|                                                    | on(data)                                |
| (college)                                          | (date)                                  |
| (parent signature required)                        |                                         |
| Signature of Guidance Counselor:                   |                                         |
| Teacher Approval (please note if you have a date). | a test or major assignment scheduled fo |
| A1/B1:                                             |                                         |
| A2/B2:                                             |                                         |
|                                                    |                                         |
| A3/B3:                                             |                                         |
| A3/B3:<br>A4/B4:                                   |                                         |
|                                                    |                                         |

\*\*Please take this form to your college visit to be signed by the admissions office. You must return this form to the guidance office in order to have an excused absence.\*\*

Thank you for allowing

(student name)

## To visit your campus today!

(Admissions Office)

(Date)



Toward Excellence and Beyond.....

