

Rockwall-Heath High School

801 Laurence Drive
Heath, Tx 75032
972-772-2474

COLLEGE DAY VISITATION FORM

Name _____ Student ID _____
College Visiting _____ Visit Date _____
Parent Signature _____ Phone# _____

You must be passing ALL classes to receive approval for College Day.

Class Schedule and Teacher Signatures

CLASSES	PASSING	TEACHER SIGNATURE
1		
2		
3		
4		
5		
6		
7		
8		

APPROVED: _____ DATE: _____

Principal, Associate Principal or Assistant Principal

TAKE THIS FORM ON THE DAY OF YOUR COLLEGE VISIT AND OBTAIN AT LEAST ONE SIGNATURE FROM ONE OF THE OFFICES YOU VISIT; this must be signed in order for this absence to not count against you
(Form must be filled out and signed by AP prior to visit; After visit return to Attendance office)

Admissions Officer _____ Phone _____

Financial Aid Advisor _____ Phone _____

Department Head _____ Phone _____

Housing Office Official _____ Phone _____