

## San Dieguito Union High School District College Visit Permission Form

Senior and Junior students are limited to 3 days of college visitations per school year (AR 5113). This form must be completed one week prior to the absence for approval by the principal or assistant principal. Students must be in good academic standing, exhibit good citizenship, and has satisfactory attendance. To officially excuse this absence, a proof of college visitation must be submitted to the attendance office upon completion of the visit.

<b>Student Name:</b>	<b>Grade:</b>
<b>Counselor:</b>	<b>Visitation Date(s):</b>
<b>College(s) Visiting:</b>	

**Procedure:**

1. Complete this page with a signature from your parent/guardian.
2. Take the form to each teacher to be signed prior to visit.\*
3. Obtain approval from an Assistant Principal.
4. Return this to the Attendance Office.
5. **Within 48 hours (2 school days), proof of college visit must be presented to the Attendance Office.**

\*All Teachers must sign form for the student to participate in a trip or activity. Teacher signature does not indicate approval. Teachers may indicate if student is not in good academic standing or other concerns in the comment section. Principal/Assistant Principal will make all final decisions.

Per.	Class	Teacher Signature	Comments
1			
2			
3			
4			
5			
6			
7			

I understand and agree that my participation in the activity or trip is not to be used as an excuse for absence other than for the dates indicated above. I know that I am responsible for all class work missed.	
_____ Student Signature	_____ Date

I, the undersigned, hereby grant permission for my child to participate in the above named activity.	
In accordance with Education Code §35330, I, the undersigned, hereby RELEASE, DISCHARGE and HOLD HARMLESS the San Dieguito Union High School District, the Board of Trustees, its officers, employees and agents from all liability, including injury, death, or other damages, occurring in the course of or while traveling to or from the above named activity which my child may suffer or cause another person to suffer arising out of, or in connection with, or resulting from my child's participation in the above named activity.	
_____ Parent/Guardian Signature	_____ Date

**Administration Approval**

_____ Principal/Assistant Principal Signature	_____ Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
--	---------------	-----------------------------------	---------------------------------------