



St. Joseph Catholic High School

1501 VFW Road
Greenville, Mississippi 38701
Phone (662) 378-9711 FAX (662) 378-3496
www.stjoeirish.org

College Visit Form

Thank you for allowing _____ to visit your campus on

_____. We are certain it has been an informative visit for the student.

We ask that you sign this form for our records.

College/University Representative

College/University

Date

College Visit Day

Student _____

Parent Signature _____

College/University _____

Visitation Date _____

Teachers, please initial and make note in your class roll that this student has permission to miss school on the date stated to visit a college campus.

1st _____

6th _____

2nd _____

7th _____

3rd _____

4th _____

5th _____