

**MARQUETTE CATHOLIC  
HIGH SCHOOL  
PLANNED ABSENCE/COLLEGE VISIT  
FORM**

Please complete the information below for **all** planned absences. If the absence is for a college visit, the student must bring documentation from the school indicating that the student visited the school. Completed forms must be **submitted one week in advance of the visit date/or planned event**. Failure to submit the form within the established timeframe, or to submit the college visit documentation will result in an unexcused absence and the student will receive a “zero” for all missed work, quizzes and/or tests.

**STUDENTS NAME:** \_\_\_\_\_

**Name and address of the college (s) that the student will be visiting:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date(s) of College Visit OR reason for absence:** \_\_\_\_\_

**Parental signature giving student permission for absence:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Teacher Signatures:**

<b>1<sup>st</sup> Period:</b> _____	<b>5<sup>th</sup> Period:</b> _____
<b>2<sup>nd</sup> Period:</b> _____	<b>6<sup>th</sup> Period:</b> _____
<b>3<sup>rd</sup> Period:</b> _____	<b>7<sup>th</sup> Period:</b> _____
<b>4<sup>th</sup> Period:</b> _____	<b>8<sup>th</sup> Period:</b> _____

**Counselor Signature:** \_\_\_\_\_

**COLLEGE USE ONLY:**

**Please sign this document signifying that the above student was on your campus on the specified date.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name and Phone #:** \_\_\_\_\_