

**Bayport-Blue Point Union Free School District
Bayport-Blue Point High School
Bayport, New York**

**Counseling Center
College Visitation Prior Approval Request Form**

Student Name: _____ **Date:** _____

College(s): _____

College Contact Person: _____

Date of Visit(s): _____

Reason for Visit: _____

Student Signature: _____

Parent/Guardian Signature: _____

- Juniors & Seniors may visit college campuses.
- There is no limit to the number of college visits.
- This form must be completed and signed by the parent/guardian and the student and approved by the Assistant Principal prior to the college visit.
- The parent/guardian and student must obtain a college stamp/signature from the admissions office.
- ***Students must adhere to the use of this form in order for the absence to be considered excused.***

Prior approval if signed by: _____

Assistant Principal
(Must be signed before departure)

College Representative Signature _____

Date: _____ **(College Seal)**