

PRE-APPROVED ONE WEEK IN ADVANCE.
TURN THIS FORM INTO THE MAIN OFFICE BEFORE THE VISIT.

Conemaugh Valley HS
College Visit Form
FORM 1

I grant permission for my child to attend the following college visit:

Student's Name: _____

College Visiting: _____

College Address: _____

College Phone Number: _____

College Visit Date/Times: _____

Parent/Guardian Name: _____

Daytime Phone #: _____

Cell Phone #: _____

Parent/Guardian Signature

Date

OFFICE USE ONLY:

VISITS: _____

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Conemaugh Valley HS
College Visit Form
FORM 2

To: The Admissions Office
Re: Conemaugh Valley HS Student Visiting Your School

STUDENT'S NAME _____

DATE/TIMES OF COLLEGE VISIT _____

NAME OF COLLEGE _____

ADDRESS _____

NAME OF COLLEGE OFFICIAL _____

TITLE OF COLLEGE OFFICIAL _____

OFFICE/DEPARTMENT _____

PHONE NUMBER _____

SIGNATURE OF COLLEGE OFFICIAL

DATE

**This form must be completed by the College Admissions Office and returned to
Conemaugh Valley High School.**

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