

PASCACK HILLS HIGH SCHOOL

PASCACK VALLEY REGIONAL HIGH SCHOOL DISTRICT

225 W. Grand Avenue
MONTVALE, NJ 07645
TELEPHONE (201) 358-7020
FAX (201) 358-7019

DATE: _____

TO: SCHOOL PRINCIPAL

FROM: _____
(Name of Parent)

SUBJECT: REQUEST FOR COLLEGE VISITATION
(PLEASE CIRCLE COUNSELOR) CASAMENTO DONNELLY HOWARD SCHNEIDER

In accordance with the school's College Visitation Policy, as specified in the Student Handbook, I request permission for the absence of:

_____ (Student's Name)

on _____ to attend the following college(s):
(Date)

<u>COLLEGE</u>	<u>LOCATION</u>
_____	_____
_____	_____
_____	_____
_____	_____

Signature of PARENT _____

Signature of COUNSELOR _____

Approved _____
PRINCIPAL