BISHOP BRADY HIGH SCHOOL CONCORD, NH 03301

NOTIFICATION OF COLLEGE VISITATION OR INTERVIEW

	/		has my perm	ission to visit
Name of Student	Gra	ade		
			on	
College or University			-	Date(s)
for a scheduled appointment college/university. Pleas				
I am aware that school peno college visit can use rethis form must be compleat least two (2) days prio excused. Otherwise, the	nore than two (2) e eted and returned to r to the planned vis	excused days to the School sit in order for	for any one trip Counseling Off or the days miss	 I also acknowledge that ice ed to be granted as
Written proof of visit/ir return (i.e., a note from				
** JUNIORS: Students in College visits before or after				en April 1 and May 15.
Student Signature	Date	Parent	Signature	Date
******	*****	******	******	******
The following teachers h above date(s).	ave read this notice	e and made r	note that the stud	dent will be absent on the
Period A		Period E		
Period B		Period F		
Period C		Period G		
Period D		Period	Н	
School Counseling Offic	e Approval	Γ	Date	