



WEST FORSYTH HIGH SCHOOL  
4155 Drew Road  
Cumming, GA 30040  
770-888-3470

Four days per year are set-aside for JUNIORS and SENIORS to visit prospective colleges. In order for our students to take full advantage of this privilege, the following information be completed and returned to the attendance office.

Students Name: \_\_\_\_\_

Name and address of the college that the student will be visiting:

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

Date(s) of visit: \_\_\_\_\_

Parental signature giving student permission for visit: \_\_\_\_\_

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

Teacher signatures:

1st Period: \_\_\_\_\_ 5th Period: \_\_\_\_\_  
2nd Period: \_\_\_\_\_ 6th Period: \_\_\_\_\_  
3rd Period: \_\_\_\_\_ 7th Period: \_\_\_\_\_  
4th Period: \_\_\_\_\_

Principal Signature/Assistant Principal: \_\_\_\_\_

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**COLLEGE USE ONLY:**

Please sign and place your seal on this document signifying that the above student was on your campus on the specified date. Please notarize.

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