

# PLANO HIGH SCHOOL

704 West Abe Street • Plano, IL 60545  
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## College Visit Form

Student Name: \_\_\_\_\_

College visit to: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Teacher signatures:

A/B Day (circle one)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Counselor: \_\_\_\_\_

Administration: \_\_\_\_\_

College Representative: \_\_\_\_\_

\*This form must be stamped, sealed or signature must be on official letterhead by the college representative to make the absence excused.

**Please return the original sheet to the Guidance Department prior to the college visit.**