Monte Vista High School

3131 Stone Valley Road Danville, California 94526 (925) 552-5530 Fax (925) 743-1744 "A California Distinguished School" "A National Blue Ribbon School"

CAMPUS VISIT EXCUSED ABSENCE FORM				
For:				
(Print first and last name of student)				
College Na	me:	Date o	Date of visit	
Student inf	ormation:			
 You must be a junior or senior in good academic standing. Parent, Student, Counselor, Administrator signature all required to be approved College/admissions representative signature required. Student to return completed form to the Attendance Office within 3 days of completed visit. 				
Student Sig	gnature:	Date	::	
Parent/Gua	rdian information:			
 Parent must call the school on the day of the absence to explain absence Absence is considered unexcused until completed form is returned to Attendance office within 3 days from returning to town after the completed visit. 				
Step 1: Pa	arent/Guardian Signature:		_ Date:	
Step 2: Co	ounselor Approval Signature:		_ Date:	
Step 3: Ada	ministration Approval Signature:		_ Date:	
Step 4: For college/admissions representative to complete:				
	College Name:			
College Re	presentative Name & Signature:			
Print Name:		Signature:	Date:	
Phone number:		Fmail:		