

MERCY

Academy

Be the Difference.

Student Name: _____

I plan to visit the campus of _____ College/University.
I will inform my teachers the day prior to the visit and I understand that my transportation, conduct and safety are ultimately the responsibility of my parents and myself. I am allowed **one** such visit my junior year and **two** my senior year.

Mercy Senior Counselor Signature _____ (BEFORE VISIT)

**College Admissions Counselor Signature _____ (DURING VISIT)

**Appointment with college admission counselor on _____ (DATE) _____ (TIME)

RETURN THIS FORM TO MERCY SENIOR COUNSELOR AFTER VISIT FOR EXCUSED ABSENCE.

PARENTAL PERMISSION FOR COLLEGE CAMPUS VISIT

Date _____

My daughter _____ has my permission to visit

_____ College/University on _____ (DATE).

Parent Signature _____

PLEASE RETURN THIS PORTION TO MERCY SENIOR COUNSELOR AT LEAST 1 WEEK PRIOR
TO COLLEGE VISIT DAY. BE SURE TO READ THE COLLEGE VISIT POLICY BEFORE
SCHEDULING YOUR DAY.