



Lutheran High School of Indianapolis  
**COLLEGE VISIT PERMISSION SLIP**

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THIS FORM IS FOR VISITS OR TRIPS THAT ARE HELD AWAY FROM SCHOOL

**Parent Section:**

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Trip/Visit \_\_\_\_\_ Trip/Visit Destination \_\_\_\_\_

I permit \_\_\_\_\_  
(Students name) to visit the school listed above. My child

will be visiting the site with \_\_\_\_\_  
(Parent, self, or name of family member)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Section:**

I understand that I am representing Lutheran High School while attending this function and will act accordingly. I agree to follow the school policies of Lutheran High School. I also understand that I am permitted to use 4 individual days to visit 4 individual colleges as a senior, and 2 individual days to visit 2 individual colleges as a Junior.

\*additional days must be approved by head of school and guidance.

Student Signature \_\_\_\_\_ Visit # \_\_\_\_\_

Guidance Counselors Signature \_\_\_\_\_

Comments \_\_\_\_\_

**\*\* NOTE:** This form must be completed and signed by the guidance counselor for approval prior to the visit. All requests must be in the guidance office at least two days before the visit. Documentation from the university must be returned to the office in order to be considered an excused absence.

Signed form/documentation from college visit? \_\_\_\_\_ Yes \_\_\_\_\_ No



**LUTHERAN  
HIGH SCHOOL**  
*Respecting Faith. Changing Lives.*

**TO BE COMPLETED BY COLLEGE**

This is to verify that \_\_\_\_\_ visited

\_\_\_\_\_ on the following date: \_\_\_\_\_.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Please complete and returned to the school office following your college visit.  
Failure to return completed sheet will result in an unexcused absence.