

**Hamilton High School**

W220N6151 Town Line Road, Sussex WI 53089  
(262) 246-6471 – Main Office      (262) 246-6476 – Guidance Office

**COLLEGE CAMPUS VISITATION – CAREER EXPLORATION PERMISSION FORM**

Student: After obtaining permission from the college/company, permission is needed from your parent and the Teacher’s in your current classes. Have parent and teachers sign this form. Then take it to Attendance Office, located in Office “A”. A copy will be made for your attendance file. Take the original to the college or company on the day of your visit and have your contact person sign/date the bottom of this form. Return the original form to the Attendance Office when you return to school.

Students participating in the **College Campus Visitation** or **Career Exploration Program** visit colleges, work sites or training institutions and gain firsthand knowledge to aid in their career development and decision-making.

Arrangements have been made for:

Student Name: \_\_\_\_\_  
To attend/visit: \_\_\_\_\_  
Located at: \_\_\_\_\_  
Date of visit: \_\_\_\_\_  
Purpose of visit: \_\_\_\_\_

**Student Signature**

I have notified the college/company that I will be visiting on the above date and my visit has been approved.

Student signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Parent Approval**

I approve of my student’s absence from school in order to participate in the **Campus Visitation** or **Career Exploration** experience.

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

**Teacher Approval**

Student is responsible to contact teachers 2 or more days prior to their absence and secure their signature. Student is responsible for any class work and /assignments missed.

Teachers – Sign this form only if you feel this student can afford to miss your class. The student will not be excused if there are any unexcused absences or other attendance concerns

1<sup>st</sup> Block Class \_\_\_\_\_ Teacher Signature: \_\_\_\_\_  
2<sup>nd</sup> Block Class \_\_\_\_\_ Teacher Signature: \_\_\_\_\_  
3<sup>rd</sup> Block Class \_\_\_\_\_ Teacher Signature: \_\_\_\_\_  
4<sup>th</sup> Block Class \_\_\_\_\_ Teacher Signature: \_\_\_\_\_

**Campus/Employer Statement**

The student named above was present at our facility on \_\_\_\_\_ (Date)

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