



COLLEGE VISIT/BUSINESS SHADOW FORM

Please immediately complete and return this form to the high school attendance office after a college/business visit and upon return to school.

NOTE: A student's parent/guardian must call the school attendance office to report the absence prior to being absent.

*Anderson: (513) 232-2772 * Turpin: (513) 232-7770*

Student Name: _____

College/Business Name: _____

Date(s) of Visit/Shadow: _____

SIGNATURES

I verify by my signature below that the above named student visited/shadowed the above named college/business regarding possible admission or career exploration on the date(s) listed above.

College/Business Representative Signature: _____ **Date:** _____

College/Business Representative Printed Name: _____

College/Business Representative Email Address: _____

College/Business Representative Phone Number: _____

Parent Signature: _____ **Date:** _____