



College Visit Request Form

Christian Academy Schools
2151 W. Russell Rd. Sidney, Ohio 45365
Phone: 937-492-7556 Fax: 937-492-5399

Student Name: _____

Grade: _____

Day/Dates of visitation: _____

College name and address:

Student Signature: _____

Parent Signature: _____

Date submitted to Mrs. Baughman: _____

Form must be turned in AT LEAST 1 day in advance of the planned visit day, to be considered an excused absence.

<p>Office use only</p> <p>Approved _____ Disapproved _____ Signature _____</p> <p>Comments</p>
