

Tarkio R-I School District

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Secondary Principal
312 South 11th Street
Tarkio, MO 64491
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Marisa Hedlund
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312 South 11th Street
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COLLEGE TOUR / CAMPUS VISIT VERIFICATION FORM

Today's Date: _____

Dear Staff of: _____
(Name of Institution)

Our student, _____, **is planning a campus visit**
(first & last name)

with you on _____. **Please sign this letter below to verify that he/she**
(Date of Visit)

did indeed make a scheduled campus visit with you on the specified date.

Campus Staff Signature: _____

Position: _____

Date of Visit: _____

Phone Number: _____

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COLLEGE TOUR / CAMPUS VISIT PARENT PERMISSION FORM

Today's Date: _____ **Student's Name:** _____

This form must be signed and returned to the Guidance Office at least 3 days prior to college visit.

You are allowed 2 visit days to be excused and approved for educational release.

Name of College or University _____
Purpose (tour, overnight program, information session, visit friends): _____ _____
Date of Visit: _____
Student Name: _____
Parent Signature: _____ Date: _____
Counselor Signature: _____ Date: _____

Off Campus Academic Permission Slip

If you are presently failing any of the courses you will miss as a result of going on this off campus trip, you will not be allowed to go.

The signatures of the teachers beside the courses you are taking indicate you are presently passing the courses.

Field Trip: _____ When: _____

Teachers: Please sign this permission slip if the presenter is currently passing the course.

Courses	Assignment	Teachers' Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____