

THE CREEK

INDIAN CREEK SCHOOLS

Nineveh-Hensley-Jackson United School Corporation

802 South Indian Creek Drive | Trafalgar, IN 46181

317-878-2100 (p) | 317-878-2109 (f) | www.indiancreekschools.com

Indian Creek College Visit Form

Students interested in visiting colleges are encouraged to do so on Saturdays and vacations. Since this is sometimes impossible, we will permit **three days** of either a Job Shadow or College Visit for seniors and juniors, and **one day** for sophomores and freshmen, provided they are interested and meet the following conditions.

1. That the student realizes that they are responsible for all school work missed that day.
2. The student **MUST HAVE PREVIOUS INTEREST IN THE SCHOOL, OR THE COLLEGE REQUESTED THE VISIT FOR ATHLETIC CONSIDERATION OR TESTING.**
3. The student must have made an appointment with the admissions office or attend a Visitation Day Program.
4. That the student returns the attached form to the Attendance Office by the day before their scheduled trip and it is approved.
5. **NO COLLEGE VISITS WILL BE PERMITTED THE WEEK BEFORE SPRING BREAK. AFTER SPRING BREAK, ONLY VISITS TO COLLEGES TO WHICH THE STUDENT HAS ALREADY APPLIED WILL BE ALLOWED AND APPROVED BY THE PRINCIPAL.**
6. When visits are approved for local schools, it is expected that the student will be in school part of the day if possible.
7. The student must return the verification form to the High School Office the next school day following the visits.

Part I (to be completed by Student and Family)

I am aware that _____ is visiting _____
College/University on _____ and I give my full approval. I have reviewed the conditions listed above. (Please circle one: I will/ will not be accompanying this student on the visit.)

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please return this form to the High School Office after completing Part I and before attending the college visit.

Part II (to be completed by School)

Attendance Officer Signature _____

Approved: _____ Denied: _____

Part III (to be completed at College Visit)

Student Name: _____ Date of Visit: _____

Name of College Official (please print) _____

Signature of College Official _____ Title: _____

Return this form to the High School Office after all parts have been completed for the absence to be excused.