



College Visit

Niagara High School
700 Jefferson Avenue
Niagara, WI 54151



_____ will visit _____
(student) (college)

On _____ at _____.
(date) (time)

Parent/Guardian Permission

(Parent/Guardian) (date)

College Admissions Official

The student above has met with me and/or participated in a college visit/tour on our campus on the date/time noted above.

(signature) (printed name) (phone/email)

COMMENTS:

Student must return this completed form to Mrs. Petschar in the Guidance Office upon returning to school after a college visit.