



CYPRESS WOODS HIGH SCHOOL
2023-2024

INSTITUTION OF HIGHER EDUCATION VISIT

Campus Name: _____ Date of Request: _____

Students have the opportunity in their Junior or Senior year of high school to visit an institution of higher education that is accredited by a generally recognized accrediting organization to determine the student's interest in attending the institution. Students are permitted to miss school a total of two (2) days in their Junior year and two (2) days in their Senior year; additional days will not be excused.

Both the student and the parent(s) must sign this institution of higher education form in order to be accepted. Upon completion of the student's visit to the institution of choice, a College Representative must complete Part II, Institution Confirmation section below and provide a letter on the Institution's letterhead as documentation of the student's visit.

The institution's letterhead documentation must be attached to this form as supporting documentation. Both forms must be turned into your campus Attendance Office upon return to campus for validation.

Part I - To be completed by the student and parent(s). (Print only)
Student's COMPLETE Name (Print): Student's ID#: Student's DOB: Grade:
Institution Visiting: Scheduled Visit Date: Time: Student will be absent: [] All Day [] Half Day
Student's Signature: Parent/Legal Guardian Name: Telephone:

PARENT/LEGAL GUARDIAN: As the parent/legal guardian of the above-named student, I do hereby give my consent and authorization for my child to be absent from school on the date(s) and time(s) noted above. I am aware that a letter on the Institution's letterhead must be returned along with this permission form to my child's school's Attendance Office confirming their visit to the institution. In order to have the absence(s) excused this request form and institution letterhead must be returned immediately after their visit, otherwise I am aware that the absence will not be excused.

Parent/Legal Guardian Signature _____ Date _____

Part II: Institution Confirmation of Student's Visit
Institution Representative (PRINT): Institution Representative Signature: Official Title: Confirmation Date of Visit:
Letterhead Attached OR College Seal/Stamp Provided:
[] YES, letterhead/seal/stamp Institution Rep: _____ Date: _____
[] NO, letterhead/seal/stamp Institution Rep: _____ Date: _____
If No, please provide a reason: _____
Part III: Cypress-Fairbanks ISD Attendance Office
[] Approved Attendance Staff: _____ Date: _____
[] Denied Attendance Staff: _____ Date: _____ Explain: _____