

Rensselaer Central High School

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KEN HICKMAN
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DEBBIE HAGEN
DIRECTOR OF GUIDANCE

ELAINE PARRISH
GUIDANCE COUNSELOR

COLLEGE/MILITARY VISIT FORM

PART A: To be completed by the parent and returned to the guidance office for counselor signature **at least two** school days prior to the visit.

NAME OF STUDENT: _____

NAME OF COLLEGE/MILITARY: _____

DATE OF VISIT: _____

Has the college/military branch been contacted about this visit? ____ Yes ____ No

CIRCLE ONE: FULL DAY MORNING ONLY AFTERNOON ONLY

PARENT SIGNATURE

COUNSELOR SIGNATURE

PART B: To be completed by college/military official.

NAME OF COLLEGE/MILITARY BRANCH

DATE

COLLEGE/MILITARY SIGNATURE

TITLE

PHONE NUMBER

