

 BASTROP INDEPENDENT SCHOOL DISTRICT VERIFICATION OF VISIT TO INSTITUTION OF HIGHER LEARNING

 TO BE COMPLETED BY GUARDIAN AND OR STUDENT (IF 18 OR OLDER)

Name of Student :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BISD Home Campus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of College Visited \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of College Visit (maximum 2 days per school year ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Guardian and or Student (if over 18)

In order for the above named student to be counted present for funding purposes (limited to 2 visits per school year), it is necessary to bring a form signed by the official college representa tive verifying the date(s) of a college visit.

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Signature and Title of Official College Representative