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**Holy Family
Academy**

Ad Veritatem per Fidem et Rationem
(To the truth through faith and reason)

49 Ashland Street
Manchester, NH 03104
603-644-7247
www.holyfamilyacademy.org

College Visit Permission Form

Name of Student: _____ **Student's Grade:** _____

Student will be visiting the following college(s): _____

Date(s)		Time (If not the entire day)	
Location(s)			
Mode of Transportation			
Special Circumstances			

I hereby give permission for my student to be absent from the Academy on the above dates and times for the purpose of visiting institutions of higher education as a perspective student. I will inform the Academy of any changes to these scheduled absences. I recognize that my student will be held responsible to complete all academic work missed by this absence.

Parent's Signature: _____ **Date:** _____

Parent's Name (print): _____

Preferred Email for Confirmation: _____