



IPSWICH HIGH SCHOOL

134 High Street, Ipswich MA 01938-1247
(978) 356-3137 Fax: (978) 356-3720



Jonathan Mitchell
Principal
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Leeanne Collura
Assistant Principal
lcollura@ipsk12.net

College Visit Form

Student Name: _____ Date: _____

College: _____

College Contact Person: _____

Date of Visit: _____

Reason for Request: _____

Student Signature: _____

Parent Signature: _____

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- Juniors & Seniors may visit college campuses
 - Form to be completed by student, parent, and principal
 - Please make arrangements in advance regarding any assignments or tests you will miss
 - The absence is treated as an excused related absence and the student is expected to make up all missed work

School Principal: _____

(must be signed before departure)

**** SUBMIT THIS FORM TO THE MAIN OFFICE IN ADVANCE OF YOUR VISIT ****