



# IPSWICH HIGH SCHOOL

134 High Street, Ipswich MA 01938-1247

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Jonathan Mitchell  
Principal  
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Leeanne Collura  
Assistant Principal  
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## COLLEGE VISIT FORM

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

College: \_\_\_\_\_

College Contact Person: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

- 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 a school related absence and the student is expected to make up all missed work.

**School Principal** \_\_\_\_\_

School Principal (must be signed before departure)

**Submit this form to the main office in advance of your visit.**