

Walter Johnson High School

6400 Rock Spring Drive
Bethesda, MD 20814-1991



Attendance Office

Office: 301-803-7113

Fax: 301-571-6986

NOTIFICATION OF COLLEGE VISIT FORM

Today's Date: _____

This absence has been approved and is excused. Students are allowed three college visits and are permitted three school days without penalty. It is the student's responsibility to obtain and complete all assignments during the period of absence.

Name of Student: _____ Student ID# _____ Grade: _____

Date(s) of College visit: _____

College Visiting: _____

Administrator Signature: _____ Date: _____

Period	Period Teacher	Teacher's Signature	Course
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Student must return this form to the Attendance Office with a parent note attached prior to absence.