

**WIREGRASS RANCH HIGH SCHOOL
COLLEGE VISIT SRA REQUEST FORM**

Student Last Name: _____ First Name: _____ Middle Init: _____

Student ID # _____ Grade: _____ Telephone #: _____

The above named student has requested permission to be absent:

Starting Date: ____ / ____ / ____ Ending Date: ____ / ____ / ____ Time _____ AM/PM

I plan to return to school on:

Date: ____ / ____ / ____ Time _____ AM/PM

I plan to attend a college tour at: _____

Parent Signature: _____

Administrator's Signature: _____

INSTRUCTIONS TO STUDENT:

1. Complete the top portion of this form.
2. Obtain each teacher's signature and all make-up requirements.
3. Return this form complete with teacher and administrator signatures to Student Services **AFTER** you have visited the college and have obtained **a note from the college admission office verifying attendance.**

INSTRUCTIONS TO TEACHERS:

Please sign your name in the appropriate space below. If you feel the absence will jeopardize the student's opportunity for success in your class, call the parents to discuss the student's academic difficulties. Give the student as much work to be covered during the absence as possible.

STUDENTS SCHEDULE			
PERIOD	TEACHER NAME	CLASS	TEACHER'S SIGNATURE
1			
2			
3			
4			
5			
6			
7			

PARENT NOTE

WIREFRASS RANCH HIGH SCHOOL MAKEUP POLICY

If a student has an **excused** absence, including OSS or advanced absence requests, it is their responsibility to follow the protocol set forth by the teacher in his/her classroom syllabus regarding the make-up work polity. All assignments will be available electronically via one of the following avenues:

MOODLE: <http://learn.pasco.k12.fl.us/wrhs/login/index.php>

BLOG: <http://wrhsblogs.pasco.k12.fl.us/users/>

EDMOD0: <http://www.edmodo.com>

ESEMBLER: <http://grades.pasco.k12.fl.us/default.asp>

PARENT NAME: _____

PHONE # _____

DATE: _____