

Ector County ISD 068901

ATTENDANCE FEA COMPULSORY ATTENDANCE

## NOTIFICATION OF HIGHER EDUCATION VISIT

Notification must be submitted to the principal or designee at least five (5) days before the date of the planned visit.

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_

- Student's current grade-level classification (please circle one):

Junior

Senior

- Number of days student will be absent from school (please circle one):

One

Two

Date(s) of planned visit: \_\_\_\_\_

University or College Name

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### **Required Signatures:**

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Principal \_\_\_\_\_

Date \_\_\_\_\_

College Representative \_\_\_\_\_

Date \_\_\_\_\_