

Brandywine Heights High School  
103 Old Tipton Road  
Mertztown, PA 19539

***EDUCATIONAL TRAVEL FOR COLLEGE VISITATION (1 day only)***

**(This form is to be completed and approved prior to the college visit- Bottom portion is then completed by the college and returned to BHHS, following visit.)**

Student Name \_\_\_\_\_ Jr. Sr. (Circle One)

Date of Planned Absence \_\_\_\_\_

Name of College/University Visiting \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
(Indicates Approval)

\_\_\_\_\_ Approval/Disapproval \_\_\_\_\_  
Date Mr. Matthew Dziunycz, Principal

PLEASE NOTE:

The area below must be signed by an official of the college, to verify visitation.

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Dear Sir/Madam:

\_\_\_\_\_, a student at Brandywine Heights Area High School, has submitted and been approved for a college visitation. In order for this school absence to be exempt under our attendance policy, he/she must return this form with a signature of an official from your college.

We appreciate your assistance in this matter.

Respectfully yours,

Mr. Matthew Dziunycz  
High School Principal

College/University \_\_\_\_\_

Official Title \_\_\_\_\_ Date of Visit \_\_\_\_\_

Signature \_\_\_\_\_

(PLEASE RETURN THIS FORM TO THE HIGH SCHOOL OFFICE.)