

DESOTO CENTRAL HIGH SCHOOL

Cliff Johnston  
Principal

Tim Chrestman  
Assistant Principal

Brandy Carter  
Assistant Principal



2911 Central Parkway  
Southaven, Mississippi 38672  
Office: 662-536-3612  
Fax: 662-536-3622

Monifa Johnson  
Assistant Principal

Rick Townsend  
Assistant Principal

COLLEGE VISIT FORM

Type of Visit (check one):

- Senior College Visit
- AP/College Algebra College Visit

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Current AP/College Class (non-senior): \_\_\_\_\_

College/University visiting: \_\_\_\_\_

Date(s) you are visiting: \_\_\_\_\_

How are you going? \_\_\_\_\_

With whom will you be traveling? \_\_\_\_\_

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Principal's Signature Date

\_\_\_\_\_  
College Official's Signature Date

\_\_\_\_\_  
College Official's Title Date

Please follow these steps to ensure your attendance is updated correctly.

- 1) Complete form and obtain parent's signature. Return your completed form to the attendance office (Room B08). Please return form **2 weeks prior to visit** to allow time to obtain principal approval.
- 2) The attendance office will obtain principal's signature and log receipt of your college visit form. The attendance office will return your form with principal signature to one of your teachers.
- 3) During your college visit you must obtain a college official's signature on this form. A letter on college letterhead documenting your visit is also acceptable.
- 4) This form with either a college official's signature or a letter from the college must be returned to the attendance office **within 2 days of your return to school.** It is at this point your attendance will be changed from an unexcused absence to a school activity.

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In accordance with the policy of this school district governing absences, prior approval must be given by the administration as to certain categories of absences if they are to be considered excused. In order to request approval of an absence falling into one of the categories below, prior to the absence, please complete this form.

Name of Student(s)

Grade(s)

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Prior Approval is requested for the following date(s): \_\_\_\_\_

Reason for the absence:

\_\_\_\_\_ Family Emergency

\_\_\_\_\_ Religious Event Observation

\_\_\_\_\_ Educational Opportunity

\_\_\_\_\_ Other

Explanation of absence / reason : \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Disposition: \_\_\_\_\_ Approved School Business  
\_\_\_\_\_ Approved Excused Absence  
\_\_\_\_\_ Parent Absence

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Principal Signature

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Date