

THOMAS COUNTY CENTRAL HIGH SCHOOL

4686 US Highway 84 Bypass

Thomasville, GA 31792

229-225-5050

VERIFICATION OF VISIT

_____ (Name of College, University or
Military Branch)

Verifies that

_____ (Student Name)

was on a Campus / Base visit on

_____ (Date)

_____ (Official's Signature & Validation)

_____ (Official's contact information)

Failure to return this form to the Attendance office within three (3) days of this visit will result in an unexcused absence.