

THOMAS COUNTY CENTRAL HIGH SCHOOL

4686 US Highway 84 Bypass
Thomasville, GA 31792
229-225-5050

PERMISSION TO VISIT

_____ (Student)

_____ (College, University, or Base)

_____ (Date)

My son/daughter has my permission to visit the above stated college or military base during school hours on the date indicated. I understand that this is not a school sponsored visit and that neither Thomas County Central High School nor the Thomas County Board of Education is responsible for providing transportation and/or supervision for my child and will not be held responsible for any accident or injury involving my child while on this visit. I also understand that my son/daughter must return a signed *Verification of Visit* form to the Attendance office within three (3) days of this visit and that failure to do this will result in an unexcused absence.

_____ Parent/Guardian Signature

_____ Date

Teachers must approve this absence at least one (1) week prior to the date of the absence.

Teacher

Teacher's Signature

1st _____

2nd _____

3rd _____

4th _____

5th _____

6th _____

7th _____
