

**COLLEGE / MILITARY ACTIVITY PASS**

Name \_\_\_\_\_

Counselor \_\_\_\_\_

Visit: College/Military Representative

\_\_\_\_\_  
College/Military Branch

Day \_\_\_\_\_

Date \_\_\_\_\_

Period 4 A B 5 A B

**This absence will be classified as a Guidance absence and the student accepts ALL responsibility for any classwork missed.**

Teacher Approval      \_\_\_ YES    \_\_\_ NO

Teacher Signature \_\_\_\_\_

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