



Authorization of Visit

_____ has been authorized for the following visit:
Student Name

Name of College or University

This visit shall occur on the following date: _____

I understand this visit is not a planned trip nor a function of Oakwood Christian Academy. The above named student is responsible for any assignments missed on this date.

To receive an excused absence, this form must be complete and presented to the Oakwood Christian Academy attendance secretary. Thank you for your cooperation.

Parental Signature

OCA Principal Approval

Verification of Visit

Signature and Title of College or University Personnel

Date and Time of Visit

Phone number of College or University

Thank you for assisting this OCA student and completing the verification section for Oakwood Christian Academy.