

COLLEGE DAY REQUEST FORM  
GARDNER-SOUTH WILMINGTON HIGH SCHOOL  
DISTRICT #73  
GARDNER, IL 60424

\_\_\_\_\_ wishes to visit  
(NAME)

\_\_\_\_\_ on  
(College which he or she will be visiting)

\_\_\_\_\_  
(DATE)

Please indicate that satisfactory arrangements have been completed for class work.

Subject	Teacher's Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

**College Visit: MUST show letter of appointment with college admissions office  
OR return with letter from college verifying attendance.**

**I am aware of the fact that my child/student will be out-of-the-building during the day and  
at the time designated.**



\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**GSW Guidance Counselor Signature**



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**GARDNER-SOUTH WILMINGTON HIGH SCHOOL**

500 East Main Street  
Gardner, IL 60424  
Superintendent – Mrs. Susan Avery

Telephone (815) 237-2176  
Fax (815) 237-2842  
Principal—Mr. Brian Davis

**COLLEGE DAY VERIFICATION SHEET**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name and Location of College University or Military Service:**

\_\_\_\_\_

**Date of Visit:** \_\_\_\_\_

**\*The information below this line needs to be filled out by a representative of the college or military\***

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**Name of College Representative or Military Recruiter:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Daytime Phone Number of College Representative or Military Recruiter:**

\_\_\_\_\_

**Comments about the visit:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This form needs to be returned to the Guidance Office the following school day after your college visit or the day will be considered Absent / Unexcused. GSW reserves the right to contact the representative listed above to confirm attendance.