



**Oak Grove High School**

605 SE 12th Street

Oak Grove, MO 64075

816-690-4152

# COLLEGE VISIT FORM

Student Name: \_\_\_\_\_  
Please Print

My son/daughter: \_\_\_\_\_

Will be visiting the campus of: \_\_\_\_\_  
Name of college or University

On: \_\_\_\_\_  
Day and Date of Visit

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name Printed

\_\_\_\_\_  
College Official Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
College Official Signature

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Official Telephone Number

**Return this form to the front office for attendance.**