



Day Trip College Visit Request Form Higher Education & K12 Program(s)

Cover Page

Student: _____ Date: _____

Student Check Below

- Student has met with Higher Education or K12 Academic & Career Advisor regarding this Travel Request. Communication and planning are under way for successful trip.
- Student has NOT met with Higher Education or K12 Academic & Career Advisor. Student needs to set up an appointment to meet with advisor in order to ensure a successful trip.

(Office Use ONLY)

Necessary Signatures

K12 Academic & Career Advisor: _____ Date: _____
(Only necessary for verification of current educational credentials)

Higher Education Academic & Career Advisor: _____ Date: _____



**Seminole Tribe of Florida
Center for Student Success and Services**

Day Trip College Visit Request Form
(Complete and submit to CSSS Academic & Career Advisor)

STUDENT INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Date of Birth: _____ Member #: _____

Reservation: **BC BR FP HW IM NA TP TR NR**

If NR, What is your original Reservation? _____

STUDENT EDUCATIONAL INFORMATION

Completed High School Diploma or GED: Yes No

(If No); Name of Current School: _____

Current Grade Level: _____ Current GPA: _____ Number of Absences: _____ (year-to-date)

SAT/ACT scores (if available): _____

*Educational Background verification needed – CSSS Advisor provides with signature on cover page

PARENT OR GUARDIAN INFORMATION (High School Student and/or 18 & under ONLY)

Name: _____ Relationship: _____

Contact #: _____ Email: _____

School Information

**Day Travel is defined as less than 200 miles from traveler's home*

College/University to visit: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Accreditation (verified by Advisor): _____

(Accrediting body of the College/University)



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(Office Use ONLY)
Day Trip College Visit Request Staff Form

- Copy of Schedule/Registration for college visit Yes No
- Is student traveling with a non-staff chaperone? Yes No
- Is student traveling with a staff member? Yes No

Traveling Information

Vehicle

Tribal Vehicle used: Yes No

Traveling Staff Member

Name: _____ DOB: _____

Title (If Staff Member): _____ Email: _____

Phone #: _____



**Seminole Tribe of Florida
Center for Student Success and Services**

**Higher Education and K12 Program(s)
Parent/Guardian Travel Release Form**

(Must be signed if student is in High School and/or 18 & under)

I, _____, hereby authorize the Center for Student Success and Services to chaperone my child on this educational travel to _____.

I am aware of the travel arrangements made for this trip; including location of trip, transportation, adult supervision, dining arrangements, and safety precautions. I hereby give permission to my child, _____, to attend this trip with _____, on this date(s) _____.

I also attest that my child is under the age of 18, and/or still in High School, therefore needing my permission to attend this educational trip.

Print Name: _____

Relationship to Student: _____

Signature: _____

Date: _____