



## 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. Name of Advisor: \_\_\_\_\_

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. Date of Appointment: \_\_\_\_\_

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**(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: \_\_\_\_\_

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**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)*



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

**(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  
*(Name of Parent\Guardian)*

chaperone my child on this educational trip to \_\_\_\_\_.  
*(Name of School)*

I am aware of the travel arrangement(s) made for this trip; including location of trip, transportation, adult supervision, dining arrangements, and safety precautions, etc. I hereby give my child, \_\_\_\_\_,  
*(Name of Student)*

permission to attend this educational trip with \_\_\_\_\_, on this date(s) \_\_\_\_\_.  
*(Name of Staff Member) (Date(s))*

I attest that my child is 18 years old or younger, and/or still in High School, therefore needing my permission to attend this educational trip.

I also give the attending chaperone permission to administer prescribed medication as stated below, if needed, and permission to aid my child in any emergency. I have listed medications, known allergies, and any other accommodations below.

**Please list: Medical Condition(s), Known Allergies, medical prescription(s), and/or known accommodations**  
**(Please attach any documentation or ID cards as deemed necessary)**

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Parent/ Guardian, Print Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_