



Over Night 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:** _____

(Office Use ONLY)

Necessary Signatures

K12 Academic & Career Advisor: _____ Date: _____
(Necessary for verification of high school educational credentials AND if student is 18 or under)

Higher Education Academic & Career Advisor: _____ Date: _____

Higher Education Program Manager: _____ Date: _____



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

Over Night 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: _____

Phone #: _____ Email: _____

SCHOOL(S) INFORMATION

I. College/University: _____

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

- II. College/University: _____
Street Address: _____ City: _____ State: ____ Zip: _____
Accreditation (verified by Advisor): _____
(Accrediting body of the College/ University)

PLEASE ANSWER THE FOLLOWING

1. Why do you want to visit this (these) particular schools?

2. What programs are you interested in?

3. Have you considered the requirements of the school, and will you be able to meet them when it comes time to apply for this school?

(Traveling Overnight Requirements)

*Overnight arrangements will be made for travel exceeding 200 miles beyond the traveler's home, and Overnight arrangements may not exceed 3 business days (2 nights).

*Drug Screening is **required** for student and accompanying adult (Parent, Guardian, Chaperone) – **30 days in advance**.

*If student/parent/guardian fails to show up on the day of travel, without notice, or cancels the trip for reason(s) not approved by the Center for Student Success and Services (other than an emergency), the student/parent/guardian must re-imburse the CSSS department of all cost(s).

*All communication regarding cancellation or withdrawal from a trip must be sent to CSSS within 7 business days prior to departure. Documentation must be submitted with request.



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

Traveling Information

Airline

Dates of visit (including travel), Depart: _____ Return: _____

Outgoing Airport Flight: From: _____ To: _____

Return Airport Flight: From: _____ To: _____

*Preferred Airline: _____

Vehicle

Rental Vehicle Request: Yes No

Hotel Accommodations (Student must be at least 21, if not, chaperone needed)

Hotel Request: Yes No * *If Yes*, Closest to: Airport School

*Preferred Hotel: _____

Traveling Chaperone (18 and under is mandatory; 19 & 20, needed for hotel accommodations)

Name: _____ DOB: _____

Relationship to student: _____ Phone #: _____

Driver License #: _____ Email: _____

Title of Staff (*If Staff is traveling*): _____

(Office Use ONLY)

Over Night College Visit Request Staff Form

Copy of Schedule/Registration for college visit Yes No

Is the student traveling alone? (Must be 21 for hotel) Yes No

Is the student traveling with a non-staff chaperone? Yes No

Is the student traveling with a staff member? Yes No



**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)**

Parent/ Guardian, Print Name: _____

Relationship to Student: _____

Signature: _____

Date: _____