

CRYSTAL LAKE SOUTH HIGH SCHOOL
Crystal Lake, Illinois
COLLEGE VISITATION PASSPORT

To: _____
College or University

This is to introduce _____,
who wishes to

visit your school with a serious intention of applying for admission. Please sign this
passport to indicate that the visit was made. Thank you.

GUIDANCE DEPARTMENT,CRYSTAL LAKE SOUTH H.S.

Signed by _____ Date _____

Title or capacity _____

**This form must be returned by student to Mrs. Roane, Attendance Clerk,
in the MAIN OFFICE, Crystal Lake South H.S.**

**JUNIORS ALLOWED 1 APPROVED COLLEGE VISIT.
SENIORS ALLOWED 2 APPROVED COLLEGE VISITS.**

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