



# CROSBY HIGH SCHOOL

333 Red Summit Dr • Crosby, TX 77532 • Tele: 281-328-9237 • Fax: 281-328-9219

## College Day Visit Request Form

**Brad Hadnot**  
Principal

**Colette Vallot**  
Associate Principal

**Dr. Laketha Cooper**  
Dean of Instruction

**Laura Haynes**  
Assistant Principal

**Mary Jenkins**  
Assistant Principal

**Antonio Menjivar**  
Assistant Principal

**Allison Weaver**  
Assistant Principal

**LaPorsche Gillum**  
Counselor A-E

**Nikki Blanchat**  
Counselor F-Lev

**Alicia Sanford**  
Counselor Lew-Rey

**Dianna Kondo**  
Counselor Rh-Z

**Amy Leos**  
Dual Credit Counselor

**Lilia Castillo**  
College Advisor

**Jared Stice**  
Registrar

**Tracy Mealer**  
Testing Coordinator

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Student ID #

Date of Visit \_\_\_\_\_

Name of College/University \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Assistant Principal Signature

Class Period	Course	Teacher Signature
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		

*Students should get all class assignments completed before taking a College Day.*

*A signature is required from the dean, registrar, advisor or counselor from the college/university in which the visit took place. This form must be returned to the attendance office within 3 days of the college visit to receive an excused school absence. Seniors may have (2) per semester / Juniors may have (1) per semester.*

\_\_\_\_\_

College Staff Member Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Contact Email and Phone Number