



## Bishop Kelly High School

7009 W. Franklin Road

Boise, Idaho 83709

### College Visitation Validation

I acknowledge that \_\_\_\_\_ participated in an organized  
campus visit to \_\_\_\_\_  
Name of College/University  
located in \_\_\_\_\_  
City and State/Province  
on \_\_\_\_\_  
Date

\_\_\_\_\_  
College Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

*Please return this form to the attendance office upon your return to school.  
This form must be on file for absence to be excused as a campus visitation.*

*The counselors would enjoy hearing about your visit so please plan to visit with  
us, as well.*

**Developing Christian Leaders**  
**Phone 208-375-6010 Fax 208-375-3626**  
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