

*Manhasset High School
Fall 2018 Student Pass
College Mini-Fair/Individual Rep. Visits*

Student Name _____ *Date* _____

Please Check: Mini Fair _____ *Period* _____ *(You must return to class)*

Rep. Visit _____ *Period* _____

You must obtain the signature of the teacher whose class you will be missing in order to participate in either of these activities.

Teacher Signature _____

Counselor Signature (Required for Mini -Fair Attendees)

_____ *Time Returning to Class* _____

Student Name _____

Attendance Override Period _____