



# VIRTUAL COLLEGE VISIT SIGN UP FORM

**THESE WILL ALL BE VIRTUAL VISITS. THE MEETING LINK WILL BE E-MAILED TO YOUR STUDENT E-MAIL ACCOUNT A FEW DAYS PRIOR TO THE VIRTUAL VISIT.**

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
*FIRST NAME* *LAST NAME*

STUDENT'S SCHOOL E-MAIL ADDRESS: \_\_\_\_\_

**List the Virtual College Visit(s) you wish to participate in. This form MUST be received by the sign up deadline date of the Virtual College Visit(s).**

SCHOOL	DATE

**PLEASE EITHER E-MAIL YOUR FORM TO MRS. GACCI @ [lgacci@deerlakes.net](mailto:lgacci@deerlakes.net) OR DROP IT OFF IN THE HIGH SCHOOL COUNSELING OFFICE.**