



MARIAN CATHOLIC HIGH SCHOOL

Guidance

COLLEGE COUNSELING APPOINTMENT REQUEST FORM 2006

PLEASE PRINT CLEARLY.

Name of Student _____ Home Phone (____) _____

PLEASE CIRCLE AT LEAST **THREE** DATES.

Times for February, March, April, and May Appointments are at 7:00am and between 2:30pm and 6pm. Times for May 30 & 31 appointments & June and July appointments run from 8:30am through 5:00pm.

February	13,14,15,16,17	22,23,24	27,28		
March	1,2,3	6,7,8,9	13,15,16	20,21,22,23,24	27,28,29,30
April	3,4,5,6,7	10,11,12	24,25,26,27		
May	1,2,3,4,5	8,9,10,11,12	15,16,17,18,19	22,*30,*31	
	(No AM appts during first two weeks of May due to AP testing)				
May	23,24,25,26 (after final exams) Please note appointments are between 11:45am-3:00pm				
June	1,2	5,6,7,8,9	12,13,14,15,16	19,20,21,22,23	26,27,28,29,30
July	5,6,7				

*Time preference for May 30-31 & June/July appointments: MORNING or AFTERNOON

ALL FRIDAY APPOINTMENTS IN JUNE AND JULY ARE MORNING ONLY.

If there is no preferred date, please check here. We will schedule you at our convenience. _____

As noted, there are limited appointments slots available during the school day with Mrs. Juraska. If you are interested in one of these slots, please indicate that here. _____

PLEASE RETURN THIS FORM ALONG WITH THE PARENT RECOMMENDATION FORM BY FEBRUARY 3RD! WE WILL TRY TO ACCOMMODATE STUDENTS AND PARENTS IN ORDER OF RETURN DATE OF THE FORM. CONFIRMATION WILL BE GIVEN VIA EMAIL OR LETTER IF E-MAIL IS NOT AVAILABLE. EVERY EFFORT WILL BE MADE TO GRANT YOUR 1ST CHOICE, HOWEVER, WITH OVER 400 SENIORS, CONFLICTS WILL PROHIBIT EVERYONE FROM RECEIVING THEIR 1ST CHOICE.

Signature of Parent

(____) _____
Parent Work Number (include area code)

Parent E-mail address

____/____/_____
Date

Signature of Student

Student E-mail address