WA State GEAR UP Family College Visit Tracking Form



Staff Name:				School Name:				
Field Trip Location:				Date of Field	Ггір:			
Serv	ice Activity Type:	Family –	Family — College Visit					
Field Trip Approval Form Submitted? Yes No (If no, you must submit a budget revision.)								
Time	Spent on Location:	f	to	Service Typ				
	Student Nan (Printed)	пе	Student S (Requ			ber Signature uired)	Student Grade- Level	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
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10.								
11.								
12.								
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17.								
18.								
19.								
20.								
I certify that the above students and family members participated in this activity.								
GU Advisor Signature Date								

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