

Prearranged Appointment Pass

Student's Name _____

Date of Appointment ____/____/____

Time of Appointment ____
:_____
a.m./p.m.

Time Leaving School ____:____ a.m./p.m.
Returning

Time ____:____ a.m./p.m.

Place: _____

Attending Physician _____

____ Medical

____ Optical

____ Dental

____ Special Services

____ Personal-How many days _____

Parent/Guardian

Date

Attendance Clerk

Date

The intent of this pass is to lessen the impact of students' unavoidable absences from their classes. Teachers can better assist students prior to absences than afterwards. Therefore, the attendance office asks that the prearranged appointment pass be obtained, completed, and signed by parents and the attendance clerk **24 HOURS PRIOR** to the appointment. **Complete as much of the form as possible and submit to Hannah Bunders, Building Secretary. Thank you.**

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