

Prearranged Appointment Pass

Student's Name _____

Date of Appointment ___/___/___

Time of Appointment ___:___ a.m./p.m.

Time Leaving School ___:___ a.m./p.m.

Time Returning ___:___ 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 Crystal Krachey, Building Secretary. Thank you.**

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