

JOHNSON CITY HIGH SCHOOL EXCUSE BLANK

STUDENT'S NAME _____ GRADE ____ HOMEROOM _____

On the following dates(s): _____ my child

Was Absent _____ was Late/Time of Entry _____ is to be Dismissed at: _____

If Absent/Tardy: Illness _____ Illness/Death in the Family _____ Court Appearance _____
College Visit _____ Religious Observance _____

Reason for Early Dismissal: _____ If appointment, please fill out the following

Dr. Appointment (Name of Doctor) _____ Time of appointment: _____

_____ Physician _____ Dental _____ Eye

Signature: _____

Parent/Guardian

This is a 2 sided form. Directions and other information is located on the back side of the form.

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