

**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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