



Appointment Excusal Card

Name: _____ Grade: _____

Date of Appt: _____ Dismissal Time: _____

Reason: Medical/Dental _____ Legal _____

Other (please list): _____

If this is for a medical appointment, please have this signed by the person conducting the appointment.

Practice/Office Name: _____

Signature: _____

Submit this pass to the attendance office on or before the third business day following the appointment.

Absences shall be treated as unlawful until the District receives a written excuse explaining the absence. For the complete school policy, please go to www.manheimcentral.org.

Edited 3-2023



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