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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