## RIVERVIEW HIGH SCHOOL TARDY EXCUSE FORM

LAST NAME	FIRST NAME	N#NUMBER	GRADE
D	ATE	TIME	. 2
	MEDICAL A	PPOINTMENT	
	OTHER	(EXPLAIN):	
PROOF OF	DOCTOR/DENTAL	L APPOINTMENT IS RE	QUIRED.
PARENT'S SIGNA	ATURE	PHONE#	***
R	IVERVIEW F	HIGH SCHOOL	
TAF	RDY EXC	CUSE FO	RM
*****			
LAST NAME	FIRST NAME	N#NUMBER	GRADE
DA	ATE	TIME	e e
	MEDICAL AP	PPOINTMENT	
	OTHER (	EXPLAIN):	
PROOF OF	DOCTOR/DENTAL	APPOINTMENT IS RE	QUIRED.
PARENT'S SIGNATURE		PHONE#	