

RIVERVIEW HIGH SCHOOL  
**TARDY EXCUSE FORM**

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      N # NUMBER                      GRADE

DATE \_\_\_\_\_ TIME \_\_\_\_\_

MEDICAL APPOINTMENT

OTHER (EXPLAIN):  
\_\_\_\_\_

**PROOF OF DOCTOR/DENTAL APPOINTMENT IS REQUIRED.**

PARENT'S SIGNATURE \_\_\_\_\_ PHONE# \_\_\_\_\_

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