## RIVERVIEW HIGH SCHOOL

## EARLY DISMISSAL

## **PASSPORT**

LAST NAME	FIRST NAME	N# NUMBER	GRADE
	DATE	<u> </u>	
	TIME	-	
	MEDICAL APPT.		
	OTHER (EXPLAIN):	*	
***PROOF OF DOCT	TOR/DENTAL APPOINTM	ENT IS REQUI	RED TO
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PARENT'S SIGNATUREPHONE #			
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	DATE		
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	MEDICAL APPT.		
	OTHER (EXPLAIN):		
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	XCUSE ANY MISSED PERI		
PARENT'S SIGNATURE	PHON	E#	