

RIVERVIEW HIGH SCHOOL

EARLY DISMISSAL

PASSPORT

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

DATE \_\_\_\_\_

TIME \_\_\_\_\_

MEDICAL APPT.

OTHER (EXPLAIN):

\_\_\_\_\_  
**\*\*\*PROOF OF DOCTOR/DENTAL APPOINTMENT IS REQUIRED TO  
EXCUSE ANY MISSED PERIODS.**

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

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