RIVERVIEW HIGH SCHOOL ABSENCE EXCUSE FORM

LAST NAME	FIRST NAME	N#NUMBER	GRADE
	DATE(S)		
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	OTHER	(EXPLAIN):	
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PROOF OF DOCTOR/I		EQUIRED. AN ABSENCE FOR RNING FROM AN ABSENCE.	M MUST BE SUBMITTED
PARENT'S SIGNATURE		PHONE #	
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		INING FROM AN ABSENCE.	I MOOT BE SCHMITTED

_____PHONE #____

PARENT'S SIGNATURE____