

# RIVERVIEW HIGH SCHOOL ABSENCE EXCUSE FORM

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

DATE(S) \_\_\_\_\_

SICK

OTHER (EXPLAIN):

\_\_\_\_\_  
\_\_\_\_\_

PROOF OF DOCTOR/DENTAL APPOINTMENT IS REQUIRED. AN ABSENCE FORM MUST BE SUBMITTED  
WITHIN 3 DAYS OF RETURNING FROM AN ABSENCE.

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

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