

Terre Hill Mennonite High School ABSENCE NOTICE

ABSENCE NOTICE			
Please Excuse			
Student Name			
Date(s)			
For: DOCTOR Appt. Time			
DENTIST Appt. Time			
OTHER:			
Time: (Fill in ALL that Apply)			
✓ Will be arriving to school at:			
✓ Will be leaving school at:			
✓ Will be returning to school at:			
✓ Will be off all day YES / NO			
Parent Signature			
Terre Hill Mennonite			
Terre Hill Mennonite High School			
TUALL			
THMH High School			
High School ABSENCE NOTICE			
High School ABSENCE NOTICE Please Excuse			
High School ABSENCE NOTICE Please Excuse Student Name			
High School ABSENCE NOTICE Please Excuse Student Name Date(s)			
High School ABSENCE NOTICE Please Excuse Student Name Date(s) For: DOCTOR Appt. Time			
High School ABSENCE NOTICE Please Excuse Student Name Date(s) For: DOCTOR Appt. Time DENTIST Appt. Time			
High School ABSENCE NOTICE Please Excuse Student Name Date(s) For: DOCTOR Appt. Time DENTIST Appt. Time OTHER:			
High School ABSENCE NOTICE Please Excuse Student Name Date(s) For: DOCTOR Appt. Time DENTIST Appt. Time OTHER: Time: (Fill in ALL that Apply)			
High School ABSENCE NOTICE Please Excuse Student Name Date(s) For: □ DOCTOR Appt. Time □ DENTIST Appt. Time □ OTHER: □ OTHER: Time: (Fill in ALL that Apply) ✓ Will be arriving to school at:			

Parent Signature _____



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