SMHS
SCHAEFFERSTOWN
MENNONITE HIGH SCHOOL

ABSENCE NOTICE

Please Excuse: _____

Date(s): _____

For: ☐ DOCTOR Appt. Time: _____

☐ DENTIST

☐ OTHER: _____

Time: **[PLEASE FILL IN <u>ALL</u> 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

_____

Signature of Parent or Guardian

_____

Office Signature