



VENICE HIGH SCHOOL

Absence, Tardy & Early Dismissal



Student Name _____ Date _____

ABSENCE	TARDY	EARLY DISMISSAL
Date(s) _____ _____ <input type="checkbox"/> Sick <input type="checkbox"/> Other (Explain) _____ _____ _____	Arrival Time _____ _____ <input type="checkbox"/> Medical Appt. <input type="checkbox"/> Other (Explain) _____ _____ _____	Dismissal Time _____ _____ <input type="checkbox"/> Medical Appt <input type="checkbox"/> Other (Explain) _____ _____ _____

This form must be submitted within 3 days of returning from an absence.
Incomplete forms will not be processed.

Parent Signature _____ Phone # _____



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