



**Terre Hill Mennonite  
High School  
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 \_\_\_\_\_



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