

APPOINTMENT PERMIT

(This form is to be used whenever a student expects to attend a doctor/dental or other appointment during school hours. Students are required to return this form to the main office the morning of the appointment. **Students must be signed in and/or signed out of school by a parent in the main office before leaving the building.**)

Student Name _____ Grade _____

I will pick my child up in the office at _____ on _____
and **will/will not** return them to school at the end of the appointment.

For the purpose of: _____

Being picked up by: _____
(Please bring proper identification)

Signature of Parent/Guardian: _____

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