APPOINTMENT SLIP
Child Absence during school day

Child's Name:		Class:
Type of Appointment (Please delete as appropria	te)
Dentist	Doctor Hospita	
	1	
Date of Appointment:	Time of Appointment:	Time Required to leave School:
Dinner arrangements:	(Please delete as appropri	ate)
School Dinner	Sandwiches	Home
_		Date:
If message received by t	elephone, staff member ple	ase initial
Child's Name	APPOINTMENT Child Absence during s	chool day
Child's Name:		Class:
T	D1 1-1-4-	4-)
Dentist (Please delete as appropria Doctor Hospita	, <u> </u>
Dennsi	Doctor Hospita	u Other.
	Time of Ammaintment.	Time Required to leave School:
Date of Appointment:	Time of Appointment:	Time required to reave sensor.
**	(Please delete as appropri	
**		
Dinner arrangements: School Dinner Signature of Parent/Guar	(Please delete as approprie Sandwiches	ate) Home