

**ABSENCE DOCUMENTATION FORM**

Student's Name: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Type of Appointment (Check one):

Medical Doctor \_\_\_\_\_

Eye Doctor \_\_\_\_\_

Orthodontist \_\_\_\_\_

Dentist \_\_\_\_\_

Court \_\_\_\_\_

Family Vacation \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

I verify that the above mentioned student was seen at \_\_\_\_\_  
(Location)

on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Printed Name)

Family Vacation Dates: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Authorized Individual: \_\_\_\_\_  
(School Administration)