



**MIFFLINBURG AREA  
SCHOOL DISTRICT  
APPOINTMENT EXCUSE**

**DUE UPON RETURN TO SCHOOL**

**Date** \_\_\_\_\_

\_\_\_\_\_  
(Student's Name and Grade)

Reason \_\_\_\_\_

Date/Time of Appointment \_\_\_\_\_

Place of Appointment \_\_\_\_\_

**TO BE COMPLETED BY OFFICE OF APPOINTMENT**

Time Student left office \_\_\_\_\_

Signature \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL OFFICE**

Time Student returned to school \_\_\_\_\_

Signature \_\_\_\_\_



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