



MARIAN CATHOLIC HIGH SCHOOL

An exceptional education rooted in faith, family and tradition.

Student Name: _____ **Grade:** _____

Date of Absence: _____

Reason for Absence: _____

Parent/Guardian Signature: _____

Early Dismissal Request (Dental and Medical Appointments)

Date to be Excused: _____ **Time to be Excused:** _____

Reason for Dismissal: _____

Date: _____

Signature of Parent/Guardian

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Student Name: _____ **Grade:** _____

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