ST. JOHNS HIGH SCHOOL

PRE-ARRANGED REQUEST

Teachers: Please indicate if the student is passing and has acceptable attendance.

			Initials	Comments				Initials	Comments
1 st	Yes	No	-		3^{rd}	Yes	No		
2^{nd}	Yes	No			4 th	Yes	No	100 March 100 Ma	
Sem	inar Yes	No			5 th	Yes	No		
	on will ma	ake up	all work a	This will necessand assignments mis	ssitate bein ssed. Wo	ng absen under	t from s	school hat (s)he w	. (S)he
result may be an unex						d into the office prior to the visitation the			
					Here)				
			S	T. JOHNS H	IGH S	CHC	OOL		
				APPOINTMENT	VERIFI	CATIO	NC		
Planr	ned visita luled appo	tions ar ointmer	e considered at with you.	l extremely valuable o				y that the st	udent did keep the
I met	with				on				
			(Student)				(Date)		
	(Lo	cation)		(Office/De	partment)			(Pos	sition)
(Signature)				(Ph	one)		- (Tin	ne Student L	Left Your Office)

(Please bring the bottom portion of this form to the attendance office the next school day following your visit.) If the student fails to return the bottom portion of this form to the attendance office, the result may be an unexcused absence.