

**DIMAN REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL  
SCHOOL APPROVED ABSENCE VERIFICATION FORM**

STUDENT: \_\_\_\_\_ ID# \_\_\_\_\_ SHOP: \_\_\_\_\_ YOG: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

It is the responsibility of the student to obtain this form from the Dean of Student within two (2) school days after returning to school in the case of illness. In order to obtain this form you must submit a written medical statement from your doctor indicating the dates(s) of your absence(s). In the event of tardies or dismissal requests for a medical appointment(s), you must submit a doctor's statement indicating the time of your appointment and the time you left the doctor's office.

For other School Approved Absences (see Student Handbook p. 31) written documentation must be provided to the Dean of Students.

One the written documentation has been verified and approved by the Dean of Students, it is your responsibility to bring this form to each of your teachers in order that they may note the date(s) of your excused absence(s).

When all the signatures have been obtained, you must return this form to the Dean of Students' office, where the white copy will be placed in your file. You will retain the other copy for your records. This form must be returned within 2 days after it is issued.

DATE(S) ABSENT: _____	DAY(S) A B C D
DATE TARDY: _____	TIME: _____
DATE DISMISSED: _____	TIME: _____
VERIFIED AND EXCUSED BY: _____	DATE: _____
STUDENTS ARE NOT TO WRITE IN THIS BOXED AREA	

SHOP: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ACADEMIC SUBJECTS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_