

To: The Attendance Office, Boston II School

From: Boston Two Clinic

_____ has an appointment on _____
 (Name) (date)

_____ a.m. _____ p.m. Reason: _____

Signed: _____

Title: _____

Report: This student reported on time and was discharged at _____ a.m. p.m.

Signed: _____

Title: _____

Appointment approved: _____ (for the school)

Report approved: _____ (for the school)

This form will be issued to a student who wishes to secure an appointment at the clinic. After an appointment has been secured, the student will show this form to the registrar before leaving the school campus. After receiving treatment the student will secure a Clinic signature and again present this form to the school Registrar before returning to classes.