

Nurses Office _____
Phys.Ed _____
Office _____

South Winn Community Schools Absence Professional Appointment Form

South Winneshiek High School Students are required to have an appointment absence form completed by the office where the appointment was made. This form will be the ADMIT BACK TO CLASS. This MUST be filled out and signed by the office where The appointment was held.

Student Name _____ Date _____

Appointment Time _____ Time Left _____

Students are allowed 20 Minutes travel time to appointments in Decorah, 10 Minutes to appointments in Calmar, and 25 Minutes to appointments in West Union. Please discuss The need,, should there be, for additional travel time prior to the appointment.

Professional Office _____

Authorized Signature _____

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_____ This student is able to participate in school/gym without restrictions.

_____ This student is able to participate in school/gym with the following retrictions: _____

_____ This student is NOT to participate in physical education/ athletics for the following amount of time _____

Physicians Signature _____ Date _____