

Request for Excused Absence for Rehearsal or Performance

_____ School Year
Appendix A

Student Name: _____ Phone: _____

Date of Event to be missed: _____ Title of Event to be missed: _____

State completely the reason why this request is necessary:

Attendance by each member has a direct effect on the whole ensemble on the whole ensemble. Please do not forget to turn this form in a minimum of **30 days** prior to your absence. This form is not valid after the absence unless turned in with a written doctor's excuse attached. The director reserves the right to deny any request of absence. You will be via written response from the Director regarding the states if you request.

Student Signature: _____ Date: _____

Parent Name: _____ Date: _____

Parent Signature: _____

Date Submitted: _____

Bottom portion to be completed by the Director

Action: _____ Excused _____ Unexcused

Alternative Assignment: _____ Due Date: _____

Director Signature: _____ Date: _____