

ABSENCE REQUEST FORM

NAME (PRINT): _____ DATE: _____

INSTRUMENT:

DATE OF REQUESTED ABSENCE: _____
(MONTH – DATE – YEAR)

REASON FOR ABSENCE – BE SPECIFIC OR IT WILL NOT BE APPROVED!!!

PARENT SIGNATURE: _____

IF YOUR REQUEST IS DENIED YOU WILL BE NOTIFIED PRIOR TO THE DATE.

ALL REQUESTS MUST BE SUBMITTED **AT LEAST 24 HOURS** (1 DAY) OR 1 WEEK FOR A
PERFORMANCE, PRIOR TO THE DATE YOU ARE REQUESTING, IN ORDER FOR IT TO BE CONSIDERED.

PLEASE HAND THIS FORM PERSONALLY TO THE DIRECTORS:

(TO BE FILLED OUT BY THE DIRECTORS)

DATE RECEIVED:

APPROVED: _____ NOT APPROVED: _____

(sign & date)

(sign & date)