

# ABSENCE REQUEST FORM

NAME (PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

INSTRUMENT:

DATE OF REQUESTED ABSENCE: \_\_\_\_\_ .

(DAY – MONTH – DATE)

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

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PARENTS 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:**

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(TO BE FILLED OUT BY THE DIRECTORS)

DATE RECEIVED:

APPROVED: \_\_\_\_\_ NOT APPROVED: \_\_\_\_\_

(sign & date)

(sign & date)