

Request for Orchestra Absence

This form must be completed and returned to your file folder at least one week prior to any anticipated absence (excluding emergencies). Your cooperation will help Dr. Holbrook and Ms. Dosch plan for rehearsals and record absences accurately.

Student Name (first and last): _____ Today's Date: _____

Activity you will miss: _____

Date of anticipated absence: _____

*Reason for absence:

* Please be specific enough so that Dr. Holbrook and Ms. Dosch can be fair to all orchestra students. Generic reasons like "Important matters" or "Family business" will not allow Dr. Holbrook or Ms. Dosch to excuse the absence.

Student's Signature: _____

FILLING OUT THIS FORM DOES NOT GUARANTEE THAT THE ABSENCE WILL BE EXCUSED. IT DOES GUARANTEE THAT THE ABSENCE WILL BE RECORDED CORRECTLY. IT IS THE STUDENTS RESPONSIBILITY TO FOLLOW-UP THE ABSENCE WITH THE APPROPRIATE MAKE-UP WORK

Director's Initials:

_____ Excused

_____ Unexcused