



ABSENCE REQUEST FORM

Members must submit this Absence Request Form to the Administrative Director two weeks in advance of the rehearsal in question.

Advance notification does not imply approval. Member will be contacted regarding the status of the request.

To be completed by Student:

Name: _____ **Instrument** _____

Today's Date: ____ / ____ / ____

Request Absence Date: ____ / ____ / ____

Event of Conflict/Reason of Absence _____

Start Time and End Time of Conflict _____

When did you learn about the conflict? _____

Parent's Name: _____

E-mail: _____ **Phone:** _____