MITCHELL INSTRUMENTAL MUSIC

PERFORMANCE/REHEARSAL EXCUSED ABSENCE REQUEST FORM

This form should be submitted at least two weeks prior to the scheduled activity.

Date_____

Student's Name_____

Grade_____

Instrument or Position_____

I am requesting permission for my son/daughter to be excused from the activity listed below:

_____ _____

Indicate the specific performance event or rehearsal here Date of the Event

Briefly state the reason you are requesting your student be excused from this commitment below:

_____ _____

Parents Signature Phone #

Request for excused absence granted on_____

THIS FORM WILL BE KEPT ON FILE FOR REFERENCE DURING THE GRADING PERIOD.
BAND MEMBERS SHOULD RETURN THIS FORM TO MR. STAHLE