Bridgeport High School Music Department

2019-2020 PERFORMANCE / REHEARSAL EXCUSED ABSENCE REQUEST FORM

THIS FORM SHOULD BE SUBMITTED AT LEAST **TWO WEEKS** PRIOR TO THE SCHEDULED ACTIVITY

Today's Date	
Student's Name G	rade
Instrument or Position	
I am requesting permission for my son/daughter to be excused fr missed activity will require the student to make up the number o	
	on
INDICATE THE SPECIFIC PERFORMANCE EVENT OR REHEARSAL HERE	DATE OF THE EVENT
Briefly state the reason you are requesting your child be excused	from this Scheduled Band Activity below.
Parent's Signature Phone #	

THIS FORM WILL COUNT AS A PARENT NOTE (MAXIMUM OF 5 ALLOWED)

COMPLETION OF THIS FORM WILL MAKE THE STUDENT ELIGIBLE TO COMPLETE THE MAKE UP ASSIGNMENT(S) FOR THIS EVENT. IT DOES NOT EXCUSE THEM FROM THE GRADE.

THIS FORM WILL BE KEPT ON FILE FOR REFERENCE DURING THE BAND SEASON

ALL BAND MEMBERS SHOULD RETURN THIS FORM TO MR. HAYSLETTE OR MR. BROADWATER