

# Bloomingtondale High School Music Department

## Request to be excused from an event

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_

Phone Number where a parent can be reached \_\_\_\_\_

Organization (Check one)  Band  Chorus  Orchestra

Date of Event Requested to Miss \_\_\_\_\_

Title of Event \_\_\_\_\_

Reason for Request \_\_\_\_\_

Today's Date \_\_\_\_\_

Prearranged absent requests must be turned in at least **10 school days prior to event**. Emergencies will require the student to submit this sheet 24 hours after the student returns to school from said emergency. Please attach any paperwork to this sheet verifying absence. Failure to follow procedure for approval for a missed event will result in an unexcused absence and will effect 9 week grade (please refer to individual hand book for policies).

I the undersigned understand it is my responsibility to request to miss an activity with the Bloomingtondale High School Music Department. I also understand that my director has the right to approve or deny any request at any time for any reason.

**Student Signature** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

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**(Director use only)**

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Denied**

