

# EXCUSED ABSENCE REQUEST FORM - LNHS BAND

\* *MUST BE TURNED IN A MINIMUM OF 10 SCHOOL DAYS BEFORE CONFLICT DATE* \*

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Band: \_\_\_\_\_ Instrument: \_\_\_\_\_ Phone: \_\_\_\_\_

List the date and hours of any band practice you miss, or wish to miss, that you feel meets the criteria for an excused absence. **Requests for pre-arranged absences should be filed as soon as a conflict is identified and will rarely be excused when notice is given at the last minute except in emergency situations.** Please turn in requests a **minimum of ten (10)** school days before conflict date. Be specific when stating the reason for your absence and include enough information for a decision to be made. Please attempt to **arrange your schedule** to attend all practices and resolve conflicts whenever possible. We have a progressive rehearsal schedule that includes new material and/or changes at each rehearsal. **A student's work schedule is not considered an excusable reason to miss practice.** Band schedules are set very early to allow students the necessary time to arrange other activities, work schedules and/or doctor's appointments. Thank you for supporting your son/daughter in a great youth activity and please help them with the responsibility of managing their team calendar. **All performances and practices as listed on the LNHS band calendar and are required of all students.**

\* If student is a member of the marching band - **band camp practices** (see calendar for specific dates) **are required of all members.** We try to be flexible when early summer vacations or camps create unavoidable conflicts; however, a student must attend all sessions of band camp and all regular season practices to keep his/her position in the Lawrence North Marching Band. Please see the director immediately if you anticipate any conflicts during this critical time of learning.

**Date(s) of absence:** \_\_\_\_\_ **Total hours missed:** \_\_\_\_\_

**State reason(s) for absence - Please be specific – List team & coach's name when conflict is for LNHS sports practice:**

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**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**(For Director Use Only)**

**Date request received:** \_\_\_\_\_ **Emergency Situation:**      **YES**      **NO**

( ) Request approved – No make-up necessary

( ) Request approved – Make up required (Due one week from date assigned)

    Make up assignment will be: \_\_\_\_\_

( ) Request denied – Student will not receive credit for time missed

**Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_