

# REQUEST TO MISS REHEARSAL

Please fill out this form in its entirety and return to Ms. Michael at least **2 class days** in advance of your absence. Form **must** be signed by both student and parent. Work or appointments should be scheduled around rehearsal time.

Student: \_\_\_\_\_

Rehearsal Date(s) You Will Miss: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent Phone Number: \_\_\_\_\_



For Office Use Only

\_\_\_\_\_ Absence Excused

\_\_\_\_\_ Absence Unexcused

\_\_\_\_\_ Other