



# EISENHOWER HIGH SCHOOL INSTRUMENTAL MUSIC PROGRAM

MR. JONATHAN CARROTHERS, DIRECTOR



## MARCHING BAND EXCUSED ABSENCE REQUEST/REPORTING FORM

*\* MINIMUM NOTICE OF TWO WEEKS BEFORE A REHEARSAL OR FOUR WEEKS BEFORE A PERFORMANCE\**

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

Section: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

List the date and hours of any band practice you will 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 to miss a rehearsal **a minimum of two weeks** before the conflict date, and requests to miss a performance **a minimum of four weeks** before the 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 rehearsals 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 a rehearsal/performance.** Our schedule is set very early to allow students the necessary time to arrange other activities, work schedules, and/or doctor's appointments. Thank you in advance for supporting your student in this great youth activity and helping them with the responsibility of managing their calendar. **All performances and rehearsals are required of all students.**

**IMPORTANT NOTE: Filling out and turning in this form DOES NOT guarantee that the absence will be excused**

Date(s) of absence: \_\_\_\_\_

Type of Event (*circle one*):                      Rehearsal                      Game/Performance                      Home Camp/Mini-Camp

**State reason(s) for absence – please be specific – List team and coach name when conflict is for EHS sports**

*\*\*If student is absent from school (illness or school activity) please list that below and turn in at the next opportunity.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

------(For Director Use Only)

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

( ) Request approved                      ( ) Request denied

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