



WEST LINCOLN HIGH SCHOOL
REBEL BAND

ABSENCE REQUEST FORM

PLEASE SUBMIT THIS FORM, SIGNED BY BOTH PARENT AND STUDENT, WITH 2 WEEKS NOTICE FOR ANY PLANNED ABSENCE. BY GIVING THIS NOTICE, IF ACCEPTED, WE WILL BE ABLE TO PLAN ACCORDINGLY SO OTHER MEMBER OF THE GROUP ARE NOT NEGATIVELY AFFECTED BY YOUR ABSENCE.

STUDENT NAME: _____

PERFORMING GROUP: _____

DATE FOR REQUESTED ABSENCE: _____

REASON FOR ABSENCE: _____

IS THIS NOTICE GIVEN AT LEAST 2 WEEKS IN ADVANCE: YES NO

HAVE YOU READ THE ABSENCE POLICY IN THE HANDBOOK? YES NO

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____

DIRECTOR SIGNATURE: _____

DATE RECEIVED: _____

APPROVED: YES NO

REASON IF NOT APPROVED: _____
