

# SKYLINE HIGH SCHOOL BANDS EXCUSED ABSENCE REQUEST

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

DATE OF PERFORMANCE: \_\_\_\_\_

**CIRCLE THE GROUP OR GROUPS THIS ABSENCE  
WILL AFFECT:**

JAZZ BAND      SYMPHONIC BAND

CONCERT BAND      PEP BAND      PERCUSSION

**REASON FOR REQUEST: (PLEASE EXPLAIN NEXT TO THE REASON –  
USE THE BACK OF THIS SHEET IF NECESSARY. “WORK” WILL NOT  
BE EXCUSED.)**

1.FAMILY EMERGENCY:

---

---

2.SCHOOL RELATED FUNCTION:

---

---

3.MEDICAL:

---

---

**A WRITTEN NOTE FROM YOUR PARENT OR GUARDIAN  
MUST ACCOMPANY THIS FORM.**

**DELIVER THIS FORM, WITH THE PARENT NOTE, PERSONALLY TO  
MS. TEXERA NO LATER THAN 2 WEEKS PRIOR TO A PERFORMANCE  
OR 2 DAYS PRIOR TO A REHEARSAL.**

-----  
(OFFICE USE ONLY)

DATE RECEIVED: \_\_\_\_\_ REQUEST \_\_\_\_\_ APPROVED  
\_\_\_\_\_ DENIED REASON FOR

DENIAL: \_\_\_\_\_