



ABSENCE FORM

This form must be completed and turned in one week in advance of any anticipated absence by a band student (Excluding extreme emergencies)

Student Name: _____ Today's Date: _____

Date of anticipated absence: _____

Reason for absence: _____

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- Please be specific. The policy is simple-if the school will excuse it, we will excuse it. If the school will not, we will not. If a matter of family or emergency arises, please contact the Director of Bands and request an audience with him for approval.

De Soto High School will excuse for death in the family, religious holiday, and illness with a letter from a parent, guardian or doctor.

(Parent Signature)

(Student Signature)

All forms must be submitted to the Director of Bands, and will remain on file in the band office for one school year.

(Director Signature)

(Date)