



South Forsyth War Eagle Band Absence Request Form

Member Name: _____

Date of Event to Be Missed: _____

Rehearsal Performance
(Circle the type of event)

(This form must be turned in two weeks in advance for planned absences)

Type of Absence (check one):

Planned (requires 2 weeks notice):

- Medical Appointment
- Family Vacation
- Other _____

Unplanned (form must be turned in as close to missed event as possible):

- Emergency Medical Appointment
- Illness
- Death in Family
- Other _____

Student Comments:

Parent Comments:

Date: _____ Parent Signature: _____

----- Director Use Only -----

- Approved
- Not Approved

Date Received: _____

Director's reasoning If NOT Approved:

Director's Signature: _____

Director's Comments: