Vero Beach High School Orchestra

Illness/Emergency Absence Request Form

Please Read Before Submitting This Form

TURN THIS FORM IN TO THE ORCHESTRA DIRECTOR. DON'T PLACE ON DESK.

1. This for must be turned in to the orchestra director immediately upon return to school or the next orchestra function.

2. Submission of this form does not guarantee approval.

3. In the event you are absent from two or more consecutive rehearsals, you may be asked to provide a doctor's note stating that you are okay to participate.

4. Forms must be placed in the director's hands in person and a conversation with the director must be held about the reasons were absent

Name:	Instr	rument:	Grade:	
Event you missed	due to sickness o	or injury (circle	e one):	
Rehearsal / Conc	ert on /	/ 20		
Reason for absence	e: SICKNESS	FAMILY EM	ERGENCY	
Please provide spe	cific information	on why you w	ere absent:	
Student Signature	& Date	Parent Signa	uture & Date	
Student Signature	& Date	C		
		C		
Section to be filled ou	ut by Director.			
Section to be filled or Approved with Mal	ut by Director. ke-up Assignmer	nt:Unap	proved:	Approved:
Section to be filled of Approved with Mal PLEASE NOTE: Abso	<i>it by Director.</i> ke-up Assignmer ences that are app	nt:Unap	proved: /	Approved: t OR unapproved
	<i>ut by Director.</i> ke-up Assignmer ences that are app e student to compl	nt:Unap roved with a ma lete a make-up a	proved: A ke-up assignment assignment for aca	Approved: t OR unapproved demic credit. If the
Section to be filled ou Approved with Mal PLEASE NOTE: Abse absences require the	<i>ut by Director.</i> ke-up Assignmer ences that are app e student to compl	nt:Unap roved with a ma lete a make-up a	proved: A ke-up assignment assignment for aca	Approved: t OR unapproved demic credit. If the

Director Signature: