LEGACY HIGH SCHOOL BANDS
EXCUSED ABSENCE REQUEST

Name: _____ Today's Date: _____

Date of Rehearsal or Performance: _____

Circle the Group or Groups this absence will affect:

Marching Band Jazz Band Color Guard

Symphonic Band Sectional Pep Band

Concert 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 Mr. Stansberry 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: _____