

Douglas County High School Band

Excused Absence Request

NAME _____ TODAY'S DATE _____

DATE OF PERFORMANCE or REHEARSAL _____

Circle group to be effected:

- | | | |
|----------------|---------------|----------------|
| Wind Ensemble | Concert Band | Symphonic Band |
| Jazz Band | Percussion | Color Guard |
| Small Ensemble | Athletic Band | Marching Band |

Reason: Please be specific. ("Work" will not be excused):

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

**Deliver personally to the director no later
than 1 month prior to a performance
or 2 days prior to a rehearsal.**

..... *Office use only*

Date received _____

Request approved _____

Request denied _____

Reason for denial: _____

