

ABSENCE REQUEST FORM

NAME: _____ DATE: _____

I AM REQUESTING TO BE ABSENT:

MONTH: _____ DAY: _____ TIME: _____

SCHOOL ACTIVITY: _____

VACATION/OTHER: _____

WILL YOU BE ABLE TO ATTEND ANY PORTION OF THE SCHEDULED PRACTICE? IF SO, WHICH PART?

- 1. I KNOW THAT SCHOOL FUNCTIONS THAT RESULT IN A GRADE ARE THE ONLY EXCUSED ABSENCES.**
- 2. I AM AWARE THAT MY ABSENCE CAN AND WILL AFFECT THE REST OF THE TEAMS PRACTICE. I KNOW THAT MY PARTICULAR STUNT OR STUNT GROUP WILL NOT BE ABLE TO PRACTICE AND ALL SPACING AND FORMATIONS WILL BE AFFECTED BY MY ABSENCE.**
- 3. I PROMISE TO LEARN ANY NEW OR CHANGED MATERIAL PRIOR TO MY NEXT PRACTICE.**
- 4. UNAPPROVED ABSENCES MAY JEOPARDIZE A STUDENTS POSITION AS A PERMANENT MEMBER.**

X _____ X _____
STUDENT SIGNATURE PARENT SIGNATURE

X _____ APPROVED: YES NO
COACHES' SIGNATURE