

MARSHWOOD HIGH SCHOOL

MUSIC DEPARTMENT

Casey Goodwin
Director of Instrumental Music
cgoodwin@msad35.net

Tanya West
Director of Vocal Music
twest@msad35.net

PERFORMANCE/REHEARSAL EXCUSED ABSENCE REQUEST FORM

THIS FORM MUST BE SUBMITTED TO MRS. GOODWIN AT LEAST ONE WEEK IN ADVANCE.

STUDENT NAME: _____ GRADE _____

SECTION: _____ TODAY'S DATE: _____

I AM REQUESTING PERMISSION FOR MY SON/DAUGHTER TO BE EXCUSED FROM THE ACTIVITY LISTED BELOW ACCORDING TO THE ABSENCE POLICY OUTLINED IN THE 2004-2005 BAND HANDBOOK.

SPECIFIC EVENT: _____

DATE OF EVENT: _____

BRIEFLY STATE THE REASON YOU ARE REQUESTING YOUR STUDENT BE EXCUSED FROM THIS COMMITMENT:

PARENT'S NAME: _____

PHONE #: _____ BEST TIME TO CALL: _____

EMAIL ADDRESS: _____

PARENT SIGNATURE: _____

This form will be kept on file for reference during the grading period