

Rochester Philharmonic Youth Orchestra
ABSENCE REQUEST FORM

Today's Date _____

PLEASE COMPLETE THIS FORM IF YOU WISH TO REQUEST APPROVAL FOR AN ABSENCE FROM REHEARSAL. GIVE THIS TO DR. HARMAN AT LEAST THREE WEEKS PRIOR TO THE REQUESTED ABSENCE DATE. IF YOU KNOW OF AN UPCOMING CONFLICT WITH AN RPYO REHEARSAL, DON'T WAIT UNTIL THE LAST MINUTE. THE SOONER WE KNOW, THE BETTER.

Student Name _____

Rehearsal Date for which you are requesting an excuse _____

Reason why you will not be available between 2:00 PM and 5:00 PM on this date:

Can you attend any part of the rehearsal on this date? _____

For Office Use

Parent Signature _____

Approved _____

Student Signature _____

Unapproved _____

Telephone _____

MUSIC FOLDER MUST BE RETURNED FOR REHEARSA