

Absence Form

Student's name: _____

Parent's signature: _____

Day(s) of rehearsal student will be missing: _____

Day(s) of classes student will be missing: _____

Reason for absence: _____

Planned dates for make-up classes: _____

To be filled out by rehearsal director(s) or class teacher(s).

(initial) _____ Will this absence affect performing opportunities or casting? Yes No

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Other faculty comments: _____

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