

Gahanna Lincoln High School / Orchestra

# ABSENCE REQUEST FORM

MUST BE SUBMITTED AT THREE (3) WEEKS PRIOR TO THE REQUESTED ABSENCE.

Student's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Requested Absence: \_\_\_\_\_

Reason for Requested Absence:

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Director's signature

\_\_\_\_\_  
**EXCUSED**

\_\_\_\_\_  
**UNEXCUSED**