

# AUSTINTOWN FITCH HIGH SCHOOL BANDS EXCUSE REQUEST FORM (ERF)

**\*\*Turn-in TWO WEEKS prior to absence or within TWO DAYS following absence if due to an emergency or extenuating circumstance\*\***

**ABSENCE DATE(s)** \_\_\_\_\_ (Turn in a separate ERF for each day missed unless days are consecutive)

**STUDENTS NAME** \_\_\_\_\_ **TODAY'S DATE** \_\_\_\_\_

**BAND EVENT** \_\_\_\_\_

**REQUEST EXCUSED ABSENCE FOR (check the following):**

<input type="checkbox"/> <b>PERFORMANCE</b>	<input type="checkbox"/> <b>missing completely</b>	<input type="checkbox"/> <i>Time arriving late</i>	<input type="checkbox"/> <i>Time leaving early</i>
<input type="checkbox"/> <b>REHEARSAL</b>	<input type="checkbox"/> <b>missing completely</b>	<input type="checkbox"/> <i>Time arriving late</i>	<input type="checkbox"/> <i>Time leaving early</i>

**SPECIFIC REASON FOR REQUEST:**

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(NOTE-if available, attach documentation to support request such as a doctor's excuse, etc.)

X \_\_\_\_\_  
Student's Signature

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Home Number

\_\_\_\_\_  
Cell Number

~FOR DIRECTOR'S USE ONLY~

APPROVED  DENIED    DIRECTOR'S INITIALS \_\_\_\_\_

REASON: \_\_\_\_\_

DATE: \_\_\_\_\_

\*MAKE-UP ASSIGNMENT: \_\_\_\_\_  
(Must be pre-approved by Mr. O'Connor or Mr. Pupino)

DATE TURNED-IN: \_\_\_\_\_

GRADE: \_\_\_\_\_

**All make-up assignment(s) are due  
BY WEDNESDAY  
of the last week of each Grading Period.**