

HIGHLAND SPRINGS H.S. BAND CONFLICT FORM

Note: THIS FORM MUST BE TURNED IN PRIOR TO MISSING THE ACTIVITY

Student Name _____

Parent Name _____

Section _____ Grade _____

REASON FOR REQUEST:

PLEASE SPECIFY DATE & TIME THAT STUDENT WILL MISS ACTIVITY

DATE: _____ MONDAY _____ : _____ AM/PM TO _____ : _____ AM/PM

DATE: _____ TUESDAY _____ : _____ AM/PM TO _____ : _____ AM/PM

DATE: _____ WEDNESDAY _____ : _____ AM/PM TO _____ : _____ AM/PM

DATE: _____ THURSDAY _____ : _____ AM/PM TO _____ : _____ AM/PM

DATE: _____ FRIDAY _____ : _____ AM/PM TO _____ : _____ AM/PM

DATE: _____ SATURDAY _____ : _____ AM/PM TO _____ : _____ AM/PM

DATE: _____ SUNDAY _____ : _____ AM/PM TO _____ : _____ AM/PM

Student Signature _____ Date _____

Parent Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

TYPE OF ABSENCE:

EXCUSED _____ UNEXCUSED _____

COMMENTS _____

Band Director's Signature _____ Date _____