

EAST CENTRAL ILLINOIS YOUTH ORCHESTRA
ABSENCE REQUEST

Please use this form if your child must be absent from rehearsal due to an unavoidable scheduling conflict. The form should be submitted *at least 2 weeks in advance* of the anticipated absence. If no advance written notice is possible due to illness or some other imperative reason, please submit the form by the first rehearsal after the absence occurs.

If your child is ill, a telephone call is expected in advance of the rehearsal. Please call Kevin Kelly directly at 328-6630 and leave a message, if necessary.

No more than 2 absences permitted before each concert, except by special permission.

Player's name _____ Instrument _____

Today's Date _____ Date of Absence _____

Reason for Absence:

Parent's Signature _____

Please bring this form to rehearsal or mail to:

Conservatory of Central Illinois 113 S. Walnut St. Champaign, IL 61820

Space below is for office use only:

Date received _____ Allowed Absences Remaining _____