

**WASHBURN RURAL BAND  
ABSENCE FORM**

Please submit this form to the director ONE WEEK prior to a planned absence or ONE DAY AFTER an unplanned absence.

NAME \_\_\_\_\_ DATE OF ABSENCE \_\_\_\_\_

REASON FOR ABSENCE \_\_\_\_\_

HOW DO YOU PLAN TO MAKE UP THIS ABSENCE (USE THE BACK OF THIS FORM IF NECESSARY)

\_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STAFF INITIALS (ACKNOWLEDGEMENT OF RECEIPT) \_\_\_\_\_ DATE \_\_\_\_\_