

Edge Studios

REQUEST FOR TIME OFF (TWO WEEKS NOTICE REQUESTED)

Today's Date:	
Type of Request:	Absence: Early Dismissal:
	Tardiness:
l,	request your permission to be excused from class and/or rehearsal on
	due to: (check one option below)
□ Illness - pled	se attach doctor's note if longer than three days.
■ Health - Doo	ctor/Dentist appointment: give name and phone #:
■ School relate	ed commitment - ie. exams, mid-terms, graduation etc.
■ Auditions - 0	Company name and location:
■ Family vacat	ion
■ School activ	ties - ie. prom, trip etc
□ Other- pleas	se specify
Signed: Student or Pa	Date: rent/Guardian
	Date: