

Wauconda Middle School Bands

Missed Lesson Make-Up Form

Student Name: _____
Date of Missed Lesson: _____
Reason for miss: _____

DUE DATE (ONE WEEK FROM MISSED LESSON): _____

I understand that I have missed my lesson this week for reasons stated above. I also understand that I must make up this lesson through forty-five (45) minutes of at home practice. I will record this practice time on the chart below, and have a parent or guardian sign-off to confirm.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:							
Time:							
Parent's Initials:							

Total Time: _____

I hereby confirm the above times are correct, and understand that Mr. Hunter may call home to confirm as well.

Parent/Guardian Signature: _____

Approved: Yes No
Called Home: Yes No

Notes: _____

