



MAKE-UP CLASS FORM

STUDENT: Complete this form & submit to the discipline's Artistic Director by email at least 24 hours prior to the make-up class.

Student Name:

Parent/Guardian Name:

Name of Missed Class:

Date & Day of Missed Class:

Reason for Missed Class:

Name of Requested Make-Up Class:

Date & Day of Make-Up Class:

STUDENT SIGNATURE: _____ **Date:** _____

(Parent/Guardian signature for students ages 17 & Under)

ARTISTIC DIRECTOR SIGNATURE: _____ **Date:** _____

Office Use Only:

Date Received:

Received By:

Date Processed:

Processed By: