**Band Class Make-Up**

| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Period: \_\_\_\_\_\_\_\_**  **Dates that were missed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Reason for missing class:**  ▢Sick  ▢Family Related  ▢Dr./Dentist Appointment  ▢Vacation  ▢Other |
| --- | --- |
| **For every class you miss, you must practice at least 15 minutes in front of a parent or guardian and have them sign as a witness that you practiced at least 15 minutes per day.**  Day #1      Number of minutes practiced: \_\_\_\_\_\_    Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day #2      Number of minutes practiced: \_\_\_\_\_\_    Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day #3      Number of minutes practiced: \_\_\_\_\_\_    Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day #4      Number of minutes practiced: \_\_\_\_\_\_    Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day #5      Number of minutes practiced: \_\_\_\_\_\_    Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Please give to Mr. Williams when you return to school.** | |

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| **Please give to Mr. Williams when you return to school.** | |