**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.** |

**Band Class Make-Up**

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