

District IX Band Directors' Association School/Student Accountability Form

This form must be sent to the District Director, along with the Absence Request form, at least 2 days prior to the event absence.

Band Director: _____

School: _____

Date(s) of Absence: _____

Event: _____

The parent/teacher chaperone, _____, will act as my substitute during my absence and may be contacted at this number(s): _____.
My parent/teacher chaperone understands that he/she is responsible for and will supervise the following students from my school:

Student Name	Contact Number

Student Name	Contact Number

Principal's Signature:

Band Director's Signature:
