THE SCHOOL FOR CREATIVE & PERFORMING ARTS

At the Erich Kunzel Center for Arts and Education

STUDENT PROFESSIONAL ARTISTIC EXPERIENCE FORM

THIS FORM MUST BE TURNED INTO THE ARTISTIC DEPARTMENT 48 HOURS PRIOR TO THE ABSENT DATE OR IT WILL NOT BE APPROVED.

I request my child, _____ , be excused from school attendance on the dates indicated below for the purpose indicated below. I understand that my child's teachers must approve and sign this form in order for my child to participate in this professional activity. I understand that if the dates requested exceed ten (10) days in any quarter that I will be required to secure and pay for a certified public school instructor to provide tutoring in all academic subjects. The certified public school instructor will present evidence of work completed on forms to be provided by SCPA.

Date(s) of absence from school: _____

Name and address of employer: _____

Nature and extent of job: _____

Wages: _____ /Hourly _____/Weekly _____/Monthly

_____ _____ _____

Parent/Guardian Signature | Best contact number | Date

Bell	Subject	Teacher Name & Signature	Room number

OFFICE USE ONLY

Approved:	
Denied:	

_____ _____

James Jones, Artistic Director | Morgan Makinen, Interim Principal

Reason for denial: _____

_____

108 W. Central Parkway, Cincinnati OH 45202
Tel.: 513.363.8000 / Fax: 513.363.8020 www.scpa.cps-k12.org