



At the Erich Kunzel Center for Arts and Education

## STUDENT PROFESSIONAL ARTISTIC EXPERIENCE FORM

This form must be submitted to the Artistic Department 48 hours prior to the absent date or it will not be approved.  
Return to: Artistic Department dropbox or SCPAArtisticdept@cpsboe.k12.oh.us

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 of job: \_\_\_\_\_ Wages: \_\_\_\_\_ (Hourly / Weekly / Monthly)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Best contact number

\_\_\_\_\_  
Date

Bell	Subject	Teacher Signature	Classroom

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\_\_\_ Approved / \_\_\_ Denied (Reason for denial: \_\_\_\_\_)

\_\_\_\_\_  
Angela Powell Walker, Artistic Director

\_\_\_\_\_  
Michael D. Owens, Principal