

Mallory Morrison, Artistic Director

515 Chester Ave.

Bremerton, WA 98337

(360)-377-6214

Dear Teacher(s),

(Student)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has successfully auditioned for a part in Peninsula Dance theatre’s School Tour production of “Horton Hatches an Egg”. This requires them to miss the following days from school or partial days (Oct. 20, Nov 7, Nov 17). The performances are at elementary schools throughout Kitsap and Mason Counties.

This dancer has worked very hard for the honor of being in this production. As a student, they are also committed to not letting their schoolwork suffer because of their commitment to the dance production. They will remind each of their teachers of the absence before it takes place and request assignments in advance of the absence. The student will work with the teacher’s schedule in getting the assignments turned in promptly.

Each teacher is requested to sign below as an acknowledgement of the upcoming absences. The Director of the dance company requires her dancers to obtain this signed permission slip.

If there are any questions concerning these absences, please let your student know promptly, so they may be addressed.

Thank you

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(Parent/guardian)

(Teacher)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Subject)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signatures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Teacher)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Subject)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signatures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Teacher)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Subject)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signatures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Teacher)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Subject)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signatures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Teacher)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Subject)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signatures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Teacher)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Subject)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signatures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_