

**CUMBERLAND VALLEY CHRISTIAN SCHOOL
REQUEST FOR EXCUSED ABSENCE**

PARENT/GUARDIAN: _____ DATE: _____

Your request for personal excused absence for:

STUDENT: _____ GRADE: _____

FOR TITLE FOLLOWING DATE(S): _____

REASON: _____

_____ **HAS BEEN APPROVED** _____ **HAS NOT BEEN APPROVED**

SCHOOL OFFICIAL'S SIGNATURE: _____

COMMENT: _____

Please sign & return to School Office

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

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