



CENTRAL CROSSING  
CHORAL department

EXCUSED ABSENCE FORM

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Choir(s): \_\_\_\_\_

Date and Name of Performance: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I understand that this form is to be submitted NO LATER than one month before the requested absence, and preferably prior to that. I understand that Mr. Moss has the right to deem any request excused or unexcused. I also understand that if I do not adhere to these policies that any other type of absence will result in a lowered grade.

\_\_\_\_\_  
(student signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(parent signature)

\_\_\_\_\_  
(date)

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**Mr. Moss' Use Only**

Date Submitted: \_\_\_\_\_

Absence Approved: \_\_\_\_\_

Absence Denied: \_\_\_\_\_

Reason: \_\_\_\_\_