

Student Leave of Absence Notification



Date _____

Parent Name: _____

Student Name: _____

Grade : _____

Reason for absence :

My child will be absent from school From _____ (mm/dd/yy) to _____ (mm/dd/yy)

I understand that I must continue to make tuition payments during my child's absence and that he/she is responsible for any missed and ongoing assignments.

Parents Signature

Date



Please return this copy to the main office.

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Please return this copy to your child's teacher.