



# Leave of Absence Request Form

Name: \_\_\_\_\_  
Last First M.I.

Permanent Address: \_\_\_\_\_  
Street Apt #

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Cell Phone Home Phone Email Address

### Leave of Absence Policy and Requirements

1. Student may request one (1) leave of absence during the school year.
2. Must be for a medical and/or emergency situation that will affect attendance for at least ten (10) days.
3. Days must be consecutive.
4. For Pell students, the financial aid period will be extended the number of days equal to the number of days of the leave of absence; therefore, no additional tuition or fees will be charged to the student.
5. Approval requires the permission of the instructor, financial aid coordinator (if applicable), and a school administrator (Principal or Assistant Principal).
6. Upon return from a Leave of Absence, student must meet with School Counselor to complete the re-enrollment process.
7. Student's place in class cannot be guaranteed for LOA's over 30 days; if space is not available upon return, student will be placed at the top of the waiting list.

I am requesting a Leave of Absence for the period of \_\_\_\_\_ through \_\_\_\_\_.  
Beginning Date Ending Date

Please briefly explain the reason for your Leave of Absence request: \_\_\_\_\_

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\_\_\_\_\_  
Student's Signature Date

Office Use Only

School Approval		
Department	Signature	Date
Instructor		
Financial Aid (If applicable)		
Administration		