Application Form: Official Extended Leave

Student Name: _____ Grade: _____

Date of absence: from _____ to: _____

Reason for absence: _____

_____

_____

- *This form must be completed, signed and returned to the administration office at least two weeks prior to the start of the leave. Failure to do so will result in an unexcused absence. (AU)*
- *If the student fails to return to class by the above-stated date without any communication from the parents, ACA reserves the right to call families on the waiting list to inform them about an open spot in the class.*
- *Student will be responsible for all learning activities, assignments and assessments missed during extended leave.*
- *If midterm exam or final exam is scheduled during the requested extended leave period, student is required to take early exam/s scheduled by administration.*

I have read this form, understand the consequences herein and hereby request an official extended leave for my child for the dates stated above. I also understand that ACA reserves the right to deny my request. I understand that my child has to complete all his/her assignments during the leave period and submit them upon his/her return. Failure to do so may result in no grade or a failing grade.

Parent Name: _____

Signature: _____ Date: _____

For ACA Administration Only:

☐ Approved   ☐ Approved with reservations   ☐ Denied

Remarks:

_____

_____

Administrator's Name: _____

Signature: _____ Date: _____