

**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.*
- *The student will be responsible for all learning activities, assignments and assessments missed during extended leave.*
- *Midterm exams will be administered only on the scheduled date and time. They will not be offered early and are not eligible for retakes. Students who do not report for their scheduled midterm will receive a score of 0.*
- *Final exams will be administered only on the scheduled date and time. They will not be offered early and are not eligible for retakes. Students who do not report for their scheduled final will receive a score of 0.*

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: _____