



LEAVE OF ABSENCE FORM (LOA)

Date:

Program:

Student Name:

Address:

City:

State:

Zip:

Phone Number:

Email:

I will be starting my Leave of Absence as of (mm/dd/yyyy): _____

I will be returning to school as of (mm/dd/yyyy): _____

The reason for my Leave of Absence is *(if personal, student must explain)*:

Student Signature

Date

Office Use Only:

| | | |
|---|------------------------------|----------------------------|
| Last Date of Attendance: | Leave Of Absence Start Date: | Leave Of Absence End Date: |
| Request Granted: <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Comments: | | |
| School Official Signature: | Date: | |