

LEAVE OF ABSENCE FORM

LEAVE OF ABSENCE STIPULATIONS:

- A leave of absence is 3 or more consecutive weeks, up to a maximum of 3 months (1 per calendar year), in which the child is not in attendance (for reasons such as maternity leave).
- A Leave of Absence Form must be completed with your anticipated date of return and submitted no less than **two weeks** prior to your planned leave time in order to qualify.
- Taking a leave of absence forfeits use of the FREE WEEK.
- Families receiving subsidized funding do not qualify for leave of absences without prior authorization from their caseworkers.

Child(ren)'s Name/s		
Reason for leave of absence		
Last day in attendance----- Date (MM/DD/YYYY)		
First day back in attendance- Date (MM/DD/YYYY)		
Parent/Guardian Name		
Address Line 1		
Address Line 2		
City	State	Zip
Email		
Home Phone	Cell Phone	Work Phone
Signature		Date (MM/DD/YYYY)

Office Use Only		
<input type="checkbox"/> Entered into Procure	on: ____/____/____	by: _____
<input type="checkbox"/> Entered into Tadpoles	on: ____/____/____	by: _____
<input type="checkbox"/> Information given to Classroom	on: ____/____/____	by: _____