

# LEAVE OF ABSENCE FORM

Child(ren)'s Name/s \_\_\_\_\_

Date Leaving \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Returning \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Reason for Leave of Absence \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Cell/Work Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Riverview Christian Early Learning Center