



Grades 6-8 Notification of Leave of Absence
(Required for Absence of 3 or more days)

I am requesting a leave of absence for my child/ren:

Name _____ Grade/Section _____

Name: _____ Grade/Section _____

Name: _____ Grade/Section _____

for the following time period:

from _____ through _____;

returning to school on _____

for the purpose of(*state reason for leave of absence*) _____

_____.

In accordance with Villa Academy’s policy on attendance, the school cannot be held responsible for the student’s performance that may result from an absence nor for information that may be missed. Special arrangements and tests may be made up at the discretion of the teacher.

This notification for a leave of absence **must be signed by the Middle School Director and submitted to the Main Office at least two weeks prior to the anticipated absence. Each or your child’s teachers must sign on the reverse side of this form.** Failure to comply with this policy will result in an unexcused absence. Given this circumstance, the school is not obligated to provide the student with any of the assignments, tests, etc., that may be missed during the absence.

Parent Signature Date

Middle School Director Signature Date

Director’s Comments: _____

Cc: Student File
Teacher
Section Director

Each of your child's teachers must sign below to acknowledge notification of absence. Please initiate this form in plenty of time for your student to acquire the necessary signatures.

Art/PE/Music Teacher's Signature _____ Date _____

Comments _____

Literature/LA/Humanities Teacher's Signature _____ Date _____

Comments: _____

Social Studies Teacher's Signature _____ Date _____

Comments _____

Math Teacher's Signature _____ Date _____

Comments: _____

Science Teacher's Signature _____ Date _____

Comments _____

Foreign Language Teacher's Signature _____ Date _____

Comments: _____

Religion Teacher's Signature _____ Date _____

Comments _____
