



LEAVE OF ABSENCE FORM

Date _____

Child's DOB _____

My child/ren _____ is currently registered in

M169 _____ M105 _____ MB51 _____

Extended Day Program _____ Saturday Program _____ Other: _____

I will be taking this semester off:

Fall I or II 20 _____ Spring I or II 20 _____

I will be returning:

Fall I or II 20 _____ Spring I or II 20 _____

Reason:

Transfer to another college _____

Graduating _____

Other _____

PLEASE NOTE This form must be completed if you do not intend to register your child/ren for the upcoming session or semester. **(Please return your access card to the office: MB09)**

For Office Use Only

Medical Expiration Date _____

Lunch Form Expiration Date _____

Outstanding balance _____

Registration Information Email On _____ Initials _____