

OFFICE USE ONLY: Date Received ____/____/____ () Last Lesson ____/____/____ () Follow up sent ____/____/____ ()
MB Status ____/____/____ () Contract Terminated ____/____/____ () Lessons Deleted ____/____/____ ()
Removed from Class ____/____/____ () Notify Teacher ____/____/____ ()

Harris Academy of the Arts

Leave of Absence Form

As stated in the policies and procedures, students may submit a leave of absence/withdrawal form to discontinue lessons/classes following the mandatory 90-day commitment period.

To withdraw from any lesson/class, **30-days notice must be provided in writing, via this form.**

Student Name: _____ Today's Date: _____

Guardian/Caregiver Name (if applicable): _____

Address: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

Current Lesson/Class Day: _____ Current Time: _____

Type of Lesson/Class: _____

Instructor: _____

Reason for Absence Request: _____

Additional Comments: _____

Please initial the following:

____ I understand to withdraw from any services, I am required to submit a LEAVE OF ABSENCE withdrawal form at least 30 days prior to final service with HAA.

____ I understand that a leave of absence form submitted on or after the 15th will not receive refunds for already processed tuition for the upcoming month.

____ I understand that by submitting this leave of absence form, I relinquish my current lesson/class time after the date of the final lesson.

Signature: _____ **Date:** _____

Final Day of Lessons (must be at least 30 days from today): ____/____/____ Staff Approval: _____