



1845 West US 40 \* Brazil, IN 47834  
(812) 446-4416

**Cornerstone Student  
REQUEST FOR LEAVE OF ABSENCE**

School attendance is necessary for adequate learning. Because our curriculum is very fast paced, we recommend that students do not miss any school except when absolutely necessary. **NO TUITION REFUNDS ARE MADE BECAUSE OF AN ABSENCE.**

1. All requests for a leave of absence from school of **3 days or more** must be submitted in writing and require the approval of the Principal.
2. All requests must be submitted no later than one (1) week in advance.

Name of all students in the family to be absent: \_\_\_\_\_  
\_\_\_\_\_

Please check the appropriate space:

\_\_\_\_\_ Bereavement Leave

\_\_\_\_\_ Illness/Family Illness Leave

\_\_\_\_\_ Family Vacation

\_\_\_\_\_ Other (Please Explain) \_\_\_\_\_

Date(s) requested: \_\_\_\_\_

**For Office to Complete:**

Previous Number of Days Missed This School Year: \_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Once approved a copy will be sent home with a plan of action for work missed.

Parents and all teachers involved will receive a final copy.