**April Rain Dance Academy Leave of Absence Form**

Dear Parent/Guardian,

Please complete the following leave of absence form to inform us of your child's absence and to arrange for any necessary make-up classes. Kindly submit the form in advance to ensure timely processing.

**Student Information**

* **Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Class**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Parent/Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Leave Details**

* **Leave Dates**:
	+ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Reason for Leave** (Please briefly describe the reason for the leave):

**Make-Up Class Arrangement**

* **Preferred Make-Up Class Dates and Times** (Please list your preferred dates and times for make-up classes, typically within 3 months of the leave):
* **Make-Up Class Type** (Please list the class type or level for which you would like to schedule make-up sessions):

**Additional Information**

* **Any Special Requests or Considerations** (If applicable, please specify):

**Please submit the completed leave of absence form to the front desk or email it to: yasdancestudio@gmail.com**

Thank you for your cooperation. We will process your request and confirm the make-up class arrangements with you as soon as possible. If you have any questions, please feel free to contact us.