

	ALBERTA ADVANCE ACADEMY 10435-76-Street-NW Edmonton, Alberta, Canada T6A-3B1	Phones: Off: -780-466-7733 Off: -780-757-3456 Fax: -780-485-0507
	WWW.AAAED.CA	OfficeAAA@SHAW.CA

Leave Of Absence

TO: Alberta Advance Academy Administration and Board,

From:

Staff Name		Position	
Student's Name		Grade	

I need Leave of Absence from Alberta Advance Academy during the time and dates of:

Date: From: Yr. M D To: Yr. M D

Time: From: am pm To: am pm

Team	<input type="checkbox"/>
MEETING	<input type="checkbox"/>
Staff	<input type="checkbox"/>

NOTE: Team meeting time up until 4:15 is school time..

The reason for this time off is:

Singed by self: _____ OR by a guardian: _____ Date _____

Previous days absent this year: _____

Administration: Jagwinder Singh Sidhu	<input type="checkbox"/>	Date	Signature
The Leave of Absence is recommended	<input type="checkbox"/>		
The Leave of Absence is not recommended	<input type="checkbox"/>		

The reason for not recommending this leave by administration is:

If Administration approves this application then Board approval is not necessary.

If Administration does NOT approve this application then Board approval IS necessary.

Board: President, Treasurer or Secretary	<input type="checkbox"/>		
The Leave of Absence is recommended	<input type="checkbox"/>		
The Leave of Absence is not recommended	<input type="checkbox"/>		

The reason for not recommending this leave by Board is:

Name:----- Signed: _____ Date:-----