



VILLA ACADEMY

5001 NE 50th St. Seattle, WA 98105
office 206. 524. 8885.

ONE FORM PER CHILD PLEASE

Lower School **LEAVE OF ABSENCE NOTIFICATION**

I am requesting a leave of absence for my child:

NAME: _____ **GRADE/SECTION:** _____

LEAVE OF ABSENCE beginning: _____ through: _____ **RETURN TO WA STATE** on: _____

PURPOSE (please state the reason for leave of absence):

MODE OF TRANSPORTATION: _____ Private
(select one) _____ Public

DESTINATION: _____

Parents/guardians and family members of Villa Academy,

Along with faculty/staff and students, are expected to follow [Washington state](#) and [Villa Academy](#) guidelines regarding out-of-state travel. **Any unvaccinated person returning to Washington state utilizing public transportation is asked to self-quarantine for 7 days AND must submit documentation of a negative COVID-PCR test taken no sooner than 3-5 days after returning to the state.** COVID symptom-free travelers can return to school on Day 8 following quarantine and prior submission of negative test results.

We ask that you follow all COVID safety protocols while out-of-state, including limiting the size of any group gathering. Additionally, those who do travel outside of the state should follow all safety precautions:

- ☺ Limit close contact to a small group of people and avoid large crowds.
- ☺ Maintain a distance of six feet or more from people outside your household.
- ☺ Wear a mask or face covering in public.
- ☺ Watch for symptoms and take your temperature once or twice a day. Do not go out if you have symptoms.
- ☺ Keep a record of the places you go with times and dates. If you get sick, this information is crucial for tracking efforts.

In accordance with Villa Academy's policy on attendance, the school cannot be held responsible for the student's performance that may result from an absence nor for information that may be missed. Special arrangement for missed tests may be provided at the discretion of the teacher.

This notification for a leave of absence **must be signed by the Lower School Director and submitted to the Main Office at least TWO WEEKS prior to the anticipated absence.** Please copy your child's teacher and the Lower School Director when you submit the completed form to the Main Office at villa-office@thevilla.org. Failure to comply with this policy will result in an unexcused absence. Given this circumstance, the school is not obligated to provide the student with any of the assignments, tests, etc., that may be missed during the absence.

PARENT SIGNATURE: _____

DATE: _____

LS DIRECTOR SIGNATURE: _____

DATE: _____

MAKE-UP WORK

Missed work that can be made up will vary by student age and classroom subject. These are some of the learning activities and concepts your student will be missing:

TEACHER SIGNATURE: _____

DATE: _____