Explore Jeunesse Program (13-15 years old)

Leave of absence request

Name of student: _____ _____

Age: _____ __

Reason for the request: _____ __

Date of departure from the campus: _____ time: _____

Date of return to the campus: _____ time: _____

Other information relevant to the request including the name and the phone number of the person

responsible for your child during this absence: _____ _____

_____

_____

Signature of one of the parents or guardian: _____

N.B.: the Coordination Team will review this application. The official response will be sent to the signatory of the request within 15 days of receipt of the request. Unless there is an emergency, the student will only be able to make one application for the duration of the program. The decision taken by the coordination team is final.

Space reserved for the coordination team

Request received on _____

The request is ☐ approved.

The request is ☐ refuded.

Reason for refusal:

Reply transmitted on _____

_____   _____
Team representative   Date