



Kay Moriah International School of Beauty

5500 E 8th Ave.,
Merrillville, Indiana, 46410
(219) 940-9217

I, _____, hereby request a Leave Of Absence from my enrollment from
_____ to _____.
(first day of LOA) (scheduled date of return)

The reason for the request is:

- Personal and/or family medical issues Death in the family Vacation
 Other: _____

I understand that, if approved, all conditions of the LOA policy will apply.

STUDENT SIGNATURE

DATE OF REQUEST

APPROVED: ___ YES ___ NO _____
SCHOOL OFFICIAL SIGNATURE