

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Student Integration Services**  
**Student Leave of Absence Request Form**

(For students participating in magnet programs only.)

Instructions: Complete all parts of this form and submit to your school site magnet coordinator. The magnet coordinator will notify parent of request status.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Magnet Program of Attendance: \_\_\_\_\_

I request a leave of absence from: \_\_\_\_\_ until: \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Reason for requesting a leave of absence: \_\_\_\_\_

If the leave is approved, my child will receive instruction in the following manner: \_\_\_\_\_

I understand that in order to return to the same magnet program from which the leave is requested, my child must return within the school year.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Type name to record electronic signature.) (MM/DD/YYYY)

This request is contingent upon approval from the Office of Student Integration Services.

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**School Office**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Type name of principal/designee to record electronic signature.) (MM/DD/YYYY)

**Magnet coordinator:** Forward completed request to the Office of Student Integration Services to determine eligibility of request.

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**Office of Student Integration Services**

Approved Date: \_\_\_\_\_ Denied Date: \_\_\_\_\_ Initials: \_\_\_\_\_

This form is to be kept on file in the Magnet Office for five years.