



Boys & Girls Clubs of Garden Grove, Inc.
 10540 Chapman Avenue
 Garden Grove, CA 92840



STUDENT LEAVE OF ABSENCE REQUEST

Child's Name: _____	Room: _____
Today's Date: _____	Date(s) Requested: _____

NOTE: Members are granted special leave of absence without tuition charges with approval from the director and if office is given TWO-WEEKS NOTICE.

Reason: _____

For Office Use Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reason: _____
_____ Director's Signature	_____ Date Received	



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