



IMAGE MAKER BEAUTY INSTITUTE
139 Maple Row Blvd., Suite 208
Hendersonville, TN 37075
615-822-6141

LEAVE OF ABSENCE
Revised 12-2016
Enrollment Agreement Addendum

Name _____ ID# _____

Reason for the Leave: Attach Documentation

FOR OFFICE USE ONLY <i>Use the NACCAS Calculator for Dates</i>	DATES
Last Day Attended	
First Day of the Leave	
Last Day of the Leave	
Date to RETURN to School <i>You MUST be in attendance this day or you will be Dropped from school</i>	
LOA Length (Number of Days)	
Revised Contract Ending Date	

Student's Signature _____ Date _____

Staff's Signature _____ Date _____