



Request for Temporary Leave of Absence

Child's Name _____ **Date of Birth** _____

Current Classroom _____

I am requesting the following temporary leave of absence. (Check one)

Complete withdrawal from the center (requiring 30 day advance notice) with placement on the current Olum family wait list.

- The wait list fee is waived.
- A wait list application must be completed.
- All outstanding tuition balances must be paid in full by the last day of enrollment.
- All unpaid balances beyond the last day will be turned over to the university accounts receivable department.
- No future enrollment can be guaranteed.

Child's last day at the Vivian Olum CDC: _____

Maintain enrollment status from four weeks to a maximum of 3 months or one term.

- Monthly payments of 75% tuition will be charged.
- Rates subject to change.

Leave Request Dates: Child's last day at Olum: _____

Child's first day back at Olum: _____

Reason for request (must be a University of Oregon professional obligation):

Parent's Signature _____ **Date** _____

Approved/Denied _____ **Date** _____

OFFICIAL USE ONLY			
Received by:	Date:	Last Day:	
Wait List Application			
Application given to family	____/____/____ M D Y	____ Initial	
Application received by Olum	____/____/____ M D Y	____ Initial	

