St. John's Academy
369 Boundary Rd, Vancouver BC, V5K 4S1
Tel: 604-683-4572 Fax: 604-683-4679
www.stjohnsacademy.ca

Semester Break Request Form

Last Name: _____ First Name: _____

Date of Birth: _____ PEN: _____

Phone Number: _____ Email: _____

Home Address: _____

First Semester at St. John's Academy: _____
(mm/yyyy)

Reason for Semester Break: _____

_____

The following supporting documents must be submitted:

1. A written request from the student's Canadian custodian *(if student is under 19 years old)*
2. An explanation letter from the student's parent/legal guardian
3. A doctor's official recommendation to take a semester break *(applicable if the reason for semester break is health-related; must be in English)*

By signing below, I am requesting to take a semester break from _____ to _____.
(mm/dd/yyyy) *(mm/dd/yyyy)*

I agree that if I do not return/report back to the school by _____, St. John's Academy
(mm/dd/yyyy)

School will report my absence to *Citizenship and Immigration Canada*. I agree that in such case my remaining tuition balance of $ _____* **will be automatically deducted as outlined in the refund policy**, and my **student file will be closed**. The final decision to deduct my tuition belongs to St. John's Academy and is non-negotiable.

STUDENT ARE ONLY PERMITTED TO TAKE 1 SEMESTER BREAK WHILE ENROLLED AT ST. JOHN'S ACADEMY. IF A STUDENT DECIDES TO TAKE ANOTHER SEMESTER BREAK AT A LATER DATE, ST. JOHN'S ACADEMY WILL AUTOMATICALLY DEDUCT THE REMAINING TUITION BALANCE AND WILL NOTIFY CITIZENSHIP AND IMMIGRATION CANADA OF THE STUDENTS' FAILURE TO ATTEND SCHOOL.

STUDENTS ARE REQUIRED TO HAVE 1 TERMS TUITION IN THEIR STUDENT ACCOUNT FOR APPROVAL TO BE GRANTED. THERE WILL BE AN ADMINISTRATION FEE OF $150 TO PROCESS THE SEMESTER BREAK REQUEST.

Student's Signature: _____ Date: _____

Parent/Legal Guardian
or Custodian's Signature: _____ Date: _____
(if student is under 19 years old)

Student Services Department: _____ Date: _____

Principal: _____ Date: _____

Accountant: _____ Date: _____