



Le Jardin Academy

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PARENTS - PLEASE COMPLETE THIS WINTER HS EXAMS WEEK PERMISSION FORM **ONLY** FOR STUDENTS YOU ARE REQUIRING TO BE ON CAMPUS FROM Monday, DECEMBER 16th - Friday, DECEMBER 20th.

PLEASE RETURN THIS FORM TO MRS. BROUSSARD BY FRIDAY, DECEMBER 13TH.

I, _____, parent/guardian (please circle appropriate title) **DO**

NOT give permission for my child, _____ to be off-campus on:

_____ Monday, December 16 *(please check)*

_____ Tuesday, December 17 *(please check)*

_____ Wednesday, December 18 *(please check)*

_____ Thursday, December 19 *(please check)*

_____ Friday, December 20 *(please check)*

I understand he/she will be assigned a monitored study area from 8:00 a.m. to 3:20 p.m. while not taking an exam.

Parent Signature

Date