



Le Jardin Academy

917 Kalanianaʻole Highway
Kailua, HI 96734
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PARENTS - PLEASE COMPLETE THIS SPRING HS EXAMS WEEK
PERMISSION FORM **ONLY** FOR STUDENTS YOU ARE REQUIRING TO
BE ON CAMPUS FROM Thursday, MAY 30th - Tuesday, JUNE 5th.

PLEASE RETURN THIS FORM TO ALESSANDRA BROUSSARD BY
FRIDAY, MAY 24TH.

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

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

_____ Thursday, May 30 (*please check*)

_____ Friday, May 31 (*please check*)

_____ Monday, June 3 (*please check*)

_____ Tuesday, June 4 (*please check*)

_____ Wednesday, June 5 (*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