

Application request extraordinary leave

This request should be sent at its earliest. The school needs 5 working days to process the request. In some cases a request may be

The undersigned (father, mother guardian) requests: (one form per student in case of sibilings)

Name Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_

Requests permission for extraordinary leave in the period:

From \_\_\_\_\_ to \_\_\_\_\_

The reason for this request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name applicant: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ (for reply)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*For office use only:*

Mentor: Supports / Does not support Signature:

Reason:

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Confirmation from Head of School:

is allowed / is not allowed Signature:

Motivation:

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