

Application request extraordinary leave

This request should be sent at its earliest convenience. The school needs 5 working days to process the request.

The undersigned (father, mother, guardian) requests permission for extraordinary leave: (one form per student, in case of siblings)

Name student: _____ Class: _____

Date of Birth: _____

From _____ to _____

The reason for this request:

Name applicant: _____ Relationship to student: _____

Telephone: _____ Email: _____ (for reply)

Date: _____ Signature: _____

Kindly indicate if this leave request also pertains to another student? Yes / No

If Yes, is the student from the: _____ Primary Section / Secondary Section

Name student: _____ Class: _____

For office use only

Mentor: _____ Supports / Does not support _____ Signature: _____

Reason:

Confirmation Head of School: _____ Is allowed / Is not allowed _____ Signature: _____

Motivation:
