

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 denied.

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: _____

Telefoon: _____ Email: _____ (for reply)

Date: _____ Signature: _____

For office use only:

Mentor: Supports / Does not support

Signature:

Reason:

Confirmation from Head of School:

is allowed / is not allowed

Signature:

Motivation:

