

## Leave of Absence – Application Form

Dear Parents

Please complete the following and hand it to your child's class teacher/mentor. A decision on your application will be given within seven days. Please note that absences are cumulative and therefore, repeated absences may jeopardise student's promotion to the next grade level.

Name of student \_\_\_\_\_

Class \_\_\_\_\_ Teachers/Mentors name \_\_\_\_\_

Dates of absence: from \_\_\_\_\_ to \_\_\_\_\_

Total number of days \_\_\_\_\_

Reason for absence \_\_\_\_\_

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I understand that my child will have to make up any work and re-schedule any tests that have been missed during their absence. This must be done in accordance with the teacher's wishes.

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

Print Name \_\_\_\_\_

School Use Only:

Number of days absence previously granted \_\_\_\_\_

Accumulated days including this request \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

MYP Deputy Principal