



ABSENCE REQUEST FORM

Please note that students are expected to be present on all school days unless they are unwell. Regular attendance at school ensures that a student receives full benefit from his or her education and establishes a responsible attitude towards one's commitments.

Please avoid scheduling non-emergency medical or dental appointments during school hours and please do not take children on holiday during the school term. If absence for non-medical reasons on school days is unavoidable then please complete this form. **The school does not set work for students taking leave of absence from school for non-medical reasons. It is the responsibility of the student to find out the work that has been missed and to make it up.**

Student Name:

Class:

Part A: Application & Declaration by Parent/Guardian

I, _____ the parent/guardian of the above mentioned student, am seeking your approval to take my child away from the school for the period :
from _____ to _____

Reason:

I understand the consequences of the above request and accept responsibility for them.

Parent/Guardian Signature:

Date:

Part B: School Approval (For office use only)

Student's attendance record:

This application is:

Approved

Not Approved

Comments:

Signature :

Date:

Designation :