

# Request form for special leave

## To be completed by the parents/guardians

First and last name student : \_\_\_\_\_

Date of birth : \_\_\_\_\_

Address : \_\_\_\_\_

ZIP code and city : \_\_\_\_\_

Group: : \_\_\_\_\_

Name teacher : \_\_\_\_\_

Date of first day of leave : \_\_\_\_\_

Date of last day of leave : \_\_\_\_\_

Total number of days off : \_\_\_\_\_

Reason for leave  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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**This section is completed by the school.**

- The above leave is **allowed**
- The leave mentioned above is **not allowed**, because the attendance officer must be known about this. Your request has been sent to the compulsory education officer by us.
- No leave** may be given for the aforementioned reasons in view of the provisions of the Compulsory Education Act.
- Otherwise:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of management: \_\_\_\_\_