

LEAVE FORM STUDENTS

Name student:

Group:

Name parent:

Email Address parent:

Phone number parent:

Asks leave for period:

Start date:	(day)	(month)	(year)
End date:	(day)	(month)	(year)

Total days:

Reason for the leave:

.....

.....

.....

.....

.....

Signature parent / caretaker:

.....

Approval Principal: YES / NO

Martine Teertstra
Principal DENISE