

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:

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Signature parent / caretaker:

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Approval Principal: YES / NO

Luc Sluijsmans
Principal DENISE