Request for Learner Absence

Please complete this form and return to the School Office at least one week before the start of the requested absence date/s.

Name of learner: _____

Class of learner: _____

Dates of requested absence: _____ /_____/_____ to _____ /_____/_____

Reason for absence:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature of Parent/Guardian: _____

Date: _____

FOR OFFICE USE ONLY
Absence approved? YES / NO (Please circle)
Reason: _____