PARKLANE
International School

School Absence Permission Form

Dear Parents and Carers,

Please complete this form if you wish permission for your child/ren to be absent from school. Please note the **head teacher may not grant any leave of absence.**

Please complete **ALL** the information section below and sign and date this form. Please return it to the school office. Thank you.

Name of child (Print Name)	**Class**	**Date of birth**
.....	.....	.....

To help keep our attendance records up to date, please indicate the type of absence required by ticking one of the following:

☐ **One off school absence for medical appointments/morning/afternoon absence/single day.**

☐ **Regular school absence due to *extra-curricular activities* (Please provide details of the extra-curricular activity)**

☐ **Reduced Distance Learning plan due to travel restrictions, medically vulnerable circumstances (Please provide details of the medical circumstances)**

Dates and times of absence:

Reasons for absence:

Parent/Carer's name (Please Print): .....

Signed..... Date.....

Authorised	**Unauthorised**	**Requires further discussion**

Head of Primary/ Secondary

Signed ..... Date.....

Valdštejnská 151, 118 00 Praha 1, Tel.: +420 257 316 182, www.parklane-is.cz
IČ: 284 65 598, zapsána v obchodním rejstříku vedeném u Městského soudu v Praze v oddílu B, vložka 14702.