

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.





