

## REQUEST FOR LEARNER TO MISS PART OF THE SCHOOL DAY

This form needs to be submitted as a hard copy

## **PLEASE NOTE:**

- Hand this completed form to the **Deputy Principal (Academic)**, at least **24 hours in advance**.
- It is your daughter's responsibility to make sure that her absence does not result in her missing any assessments.
- Teachers cannot be expected to re-teach any content material missed due to absence.
- Once the necessary signatures have been obtained, your daughter must hand this form in at the front office. It will be filed to show that permission was granted for her absence.

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Surname				First name	
of learner				of learner	
Learner's				Name of	
class / form				form teacher	
Reason/s to	or the re	quested absenc	e during	part of the school	day:
Date for whi	ich			Actual time/s	From:
partial absence is				that learner will	1.0
being requested				be out of school	To:
Timetable week (i.e. 1 or 2)				Timetable day (i.e.1 to 10)	
DETAILS OF LESSONS THAT WILL BE MISSED DUE TO THE PARTIAL ABSENCE					
PERIOD/S S				NAME OF JECT TEACHER	For office use only
Extramural /	other a	ctivities that will	be misse	ed, if applicable:	
Before submitting this request, please check that no assessment/s will be missed					
NAME OF PARENT/GUARDIAN:					
SIGNATURE:					DATE: