

REQUEST FOR LEARNER TO MISS PART OF THE SCHOOL DAY

This form needs to be submitted as a hard copy

PLEASE NOTE:

SIGNATURE:

- Hand this completed form to the **Deputy Principal (Academic Innovation)**, 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 herabsence.

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Surname				First name	
of learner				of learner	
Learner's class / form	,			Name of form teacher	
		guested absenc	e durina	part of the school	dav:
		quostou aboono	o dannig		aay.
Date for which				Actual time/s	From:
partial abse	nce is			that learner will	_
being requested				be out of school	То:
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 SU		UBJECT	NAME OF SUBJECT TEACHER		For office use only
					_
Extramural / other activities that will be missed, if applicable:					
Before submitting this request, please check that no assessment/s will be missed					
NAME OF PARENT/GUARDIAN:					

DATE: