



REQUEST FOR LEARNER TO MISS PART OF THE SCHOOL DAY

This form needs to be submitted as a hard copy

NOTE: Before submitting this request, please check that no assessment(s) will be missed

PLEASE NOTE:

- Hand this completed form to the **Deputy Principal (Academic Innovation)**, at least 24 hours in advance.
- Your daughter is responsible for making sure no assessments are missed (due to her absence).
- Teachers cannot be expected to re-teach any content material missed due to absence.

Learner SURNAME				Learner NAME			
Learner CLASS/FORM				TUTOR			
CORVUS		CYGNUS		LACERTA		LEPUS	
REASON(S) for the requested absence during part of the school day:							
DATE for which partial absence is being requested				TIME that learner will be out of school			
<i>Day</i>	<i>Date</i>	<i>Month</i>	<i>Year</i>	<i>From</i>	<i>To</i>		

LESSONS/ACTIVITIES MISSED due to partial absence			
PERIOD(S)	SUBJECT	NAME OF SUBJECT TEACHER	School use ONLY

Extramural/Other activities that will be missed (if applicable):

ACTIVITY	NAME OF TEACHER	

AUTHORISED BY:		
		<i>Date</i>

NAME OF PARENT/GUARDIAN			
SIGNATURE:		DATE:	