CAMPUS HAMBURG
phorms education

Please hand in 2 weeks BEFORE the event!

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REQUEST FOR PERMISSION FOR ABSENCE

I hereby ask for permission for absence for the Phorms pupil

..... Class .....
Surname, Name

❑ on the ..... from ..... until ..... o'clock ***or***
date

❑ from ..... to ..... (whole days)
date date

Reason: .....

.....

.....

.....

An announced test/ quiz

❑ will not take place
❑ will take place. – Subject: ..... , teacher: .....

....
Place, Date Signature of Legal Guardian/ Pupil of full age

To be filled in by the school:

Agree: ❑ **Yes** ❑ **No** .....
Signature **Class Teacher**

Approved: ❑ **Yes** ❑ **No** .....
Signature **Head of School**