

LEAVE OF ABSENCE
(other circumstances for 10 days or less)

TO BE COMPLETED BY PARENTS

1. Data student:

Name:

Address:

Zipcode/place:

Date of birth:

BSN:

Group/Class:

2. Data Parent(s)

Name:

Relation to student: Father – Mother – Caregiver

Adress (if different):

Telephone:

3. Periode of absence:

From _____ up to and included _____

4. Reason why the leave is requested:

Does another child attend another school and leave has been requested for that as well?

If yes: which school?

5. Signature applicant:

Eindhoven, date,

TO BE COMPLETED BY THE DIRECTOR

6. The leave is granted / not granted.
Reason why the leave is not granted:

(Check with the schools of the other students in the family as to whether or not leave will be granted)

7. Signature director:

Eindhoven, date,