Tenby Schools, Setia Eco Park

ABSENCE REQUEST FORM

A student seeking leave of absence from a class, should submit this form to the School.

Please note that students are expected to be present on all school days unless they are unwell. Regular attendance at school ensures that a student receives full benefit from his or her education and establishes a responsible attitude towards one's commitments.

Please avoid scheduling non-emergency medical or dental appointments during school hours and please do not take children on holiday during the school term. If absence for non-medical reasons on school days is unavoidable then please complete this form. The school does not set work for students taking leave of absence from school for non-medical reasons. It is the responsibility of the student to find out the work that has been missed and to make it up.

Student Name: .............................................................................. Class: ......................................

Part A: Application & Declaration by Parent/Guardian

I, .............................................................................., the parent/guardian of the above mentioned student, am seeking your approval to take my child away from the school for the period of:

from .............................................................................. to ..............................................................................

Reason: ......................................................................................................................................................

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I understand the consequences of the above request and accept responsibility for them.

Parent/Guardian Signature: .................................... Date: ...........................

Part B: School Approval

N.B. This form is for Admin use only. Parents will only receive a verbal reply. This form will NOT be returned to the parent.

Application is:

☐ Approved ☐ Not Approved

Comments: ......................................................................................................................................................

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Signature : ........................................ Date: ...........................

Principal/Deputy Principal