# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Parent/ Legal Guardian

Private Primary and Secondary School BESST

Limbová 3

917 02 Trnava

# **Subject: Parent Request Form for Planned Absence**

Hereby I am requesting that my child .............................................................................

..............................................., pupil of class ................................. will be excused from school

on the following days, from ....................................... until ..................................................... .

Child's date of birth: .................................................., address: ...................................................

.................................................................................................................................................... .

As a reason for planned absence I am stating: ................................................................

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Place and Date Signature of Parent/ Legal Guardian