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

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