



REQUEST FOR LEARNER TO MISS PART OF THE SCHOOL DAY

This form needs to be submitted as a hard copy

NOTE: Before submitting this request, please check that no assessment(s) will be missed

PLEASE NOTE:

- Hand this completed form to the **Deputy Principal (Academic Innovation)**, at least 24 hours in advance.
- Your daughter is responsible for making sure no assessments are missed (due to her absence).
- Teachers cannot be expected to re-teach any content material missed due to absence.

| | | | | | | | | | |
|---------------------------|--|---------------|--|----------------|---------------------|--------------|--|-------------|--|
| Learner SURNAME | | | | | Learner NAME | | | | |
| Learner CLASS/FORM | | | | TUTOR | | | | | |
| CORVUS | | CYGNUS | | LACERTA | | LEPUS | | PAVO | |

REASON(S) for the requested absence during part of the school day:

| | | | | | | | |
|--|-------------|--------------|-------------|--|-----------|--|--|
| DATE for which partial absence is being requested | | | | TIME that learner will be out of school | | | |
| | | | | | | | |
| <i>Day</i> | <i>Date</i> | <i>Month</i> | <i>Year</i> | <i>From</i> | <i>To</i> | | |

| LESSONS/ACTIVITIES MISSED due to partial absence | | | |
|--|---------|-------------------------|-----------------|
| PERIOD(S) | SUBJECT | NAME OF SUBJECT TEACHER | School use ONLY |
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Extramural/Other activities that will be missed (if applicable):

| ACTIVITY | NAME OF TEACHER | |
|----------|-----------------|--|
| | | |
| | | |

| | | |
|-----------------------|--|-------------|
| AUTHORISED BY: | | |
| | | <i>Date</i> |

| | | | |
|--------------------------------|--|--------------|--|
| NAME OF PARENT/GUARDIAN | | | |
| SIGNATURE: | | DATE: | |