

APPLICATION FOR ABSENCE FROM SCHOOL

Parents should fill this application and return it to the homeroom teacher **at least 2 weeks before** the intended days off. The original application will be filed in the office and the pupil will receive a copy.

Name of Pupil: _____ Class: _____

Date(s) of intended absence: _____ to _____

Given reason for this absence with an explanation:

I confirm that my child will take full responsibility for finding out all work to be made up.

Date & Parent's Signature

Homeroom Teacher's Decision (1–3 days)

- Granted (1-3 days)
- I favor the absence (4 days or more)
- In my opinion the absence should not be granted. Reason:

Homeroom Teacher's Signature

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Principal's Decision (4 days or more)

- Absence granted
- Absence not granted. Reason:

Principal's Signature

IMPORTANT

If your child has a special diet, please contact the school's cafeteria staff

Fazer-Amica: englantilainenkoulu@amica.fi