

Please fill in BOTH parts of the form!

to be kept by the school



Bilinguale Schulen Phorms München
Maria-Theresia-Straße 35
81675 München

PERMISSION FOR ABSENCE

I hereby ask for permission for absence for the Phorms pupil

..... Class
Surname, Name

On the from to o'clock or from to
Date Date Date

Reason:

An announced test/ quiz

will not take place
 will take place. – Subject:....., Teacher:

.....
Place, Date Signature of legal guardian / pupil

Approved: Yes No
Signature Head of School



to be returned to parents



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