

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

Fax: 089/ 324 93 37-74
 E-Mail: muenchen@phorms.de

REQUEST FOR PERMISSION FOR ABSENCE FOR ONE OR MORE DAYS

I hereby ask for permission for absence for the Phorms pupil

..... Class

Surname, Name

on **OR** from until (whole days)

date date date

Reason:

.....

.....

.....

An announced test, quiz, presentation or the like

will not take place

will take place. – Subject:, teacher:

.....

Place, Date

.....

Signature of Legal Guardian or Pupil of full age

To be filled in by the school:	
Agree:	<input type="checkbox"/> Yes <input type="checkbox"/> No Signature Class Teacher
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No Signature Head of School
Begründung:	
.....	