



APPLICATION FORM LEAVE DUE TO IMPORTANT CIRCUMSTANCES

To be completed by parent/guardian

1. STUDENT DETAILS:

Name:
Address:
Postal code/place:
Date of birth:
BSN:
Class:

2. CONTACT DETAILS PARENT/GUARDIAN:

Name:
Relationship to the child: father / mother / guardian
Address (in case it is different):
Telephone number:

3. DETAILS OF SIBLING(S) ENROLLED IN OTHER SCHOOLS:

Name:	Date of birth:
School:	
Name:	Date of birth:
School:	

4. PERIOD FOR WHICH THE EXTRA LEAVE IS BEING REQUESTED:

Date: from: until:
Time: from: until:

**5. THE REASON WHY THIS LEAVE IS BEING REQUESTED:
(this does not include holidays)**

(Add evidence)

6. SIGNATURE PARENT/GUARDIAN:

Place:

Date:

To be filled out by Educational Manager

7. THE LEAVE IS GRANTED / NOT GRANTED

If not granted, provide the reason why the leave was not granted:

If the leave exceeds 10 school days, the education manager will forward the request to the truancy officer.

Date forwarded:

SIGNATURE OF THE EDUCATION MANAGER:

Date and place:

Fully completed document needs to be sent to the responsible Education Manager for approval.

Year 1: jjacobs@sondervick.nl

Year 2: dverus@sondervick.nl