REQUEST FOR LEAVE

(Please Print)

Wangari-Maathai-Internationale-Schule

Datum & Unterschrift

2. Internationale Schule Berlin

Internet: www.wangari-maathei-schule.de

Babelsberger Str. 24 10715 Berlin

Telefon: +49 (0)30 8575 89 45 Fax: +49 (0) 30 8575 89-40

Name and address of the applicant(s) Date of the request: I. **REQUEST FOR LEAVE** Name and address of student: born:.... Class: Duration of absence in months: time: until until reasons: date Signature of parents Copy of school certificate enclosed:YesNo RECOMMENDATION OF CLASS TEACHER Name of class teacher: Request for leave () may be approved () may be approved but with doubts () may not be approved date signature of class teacher III. PRINCIPAL'S DECISION The Principal () approves the recommendation. () does not approve the recommendation. A counselling interview was held with the parents. A note of the interview is placed in the student's file together with the application. date signature of principal IV. DECISION OF THE SCHOOL INSPECTORATE () application is granted () application is rejected (for reasons see for accompanying letter to parents) signature of supervision of schools Date Copy of consent/rejection submitted to parents. () school office