PRIOR COMMUNICATION OF ABSENCE NOT CAUSED BY HEALTH PROBLEMS

The undersigned Mr	and Mrs	, parents/tutors/trustees of
the student	enrolled in the class	of the:
□Nursery school, building		
□ Primary school, building		
□ Secondary school, building		
of the above-mentioned school, for the	ne school year 2022/23.	
	COMMUNICATE	
That the student will be absent from _	/to/	, for days in total, due to
necessities that cannot be postponed,	and differ from health prob	lems.
Place and date		In witness
		(sign legibly, in full)
	The father	
	The mother	
The tutor/trustee		tee