

---

Name and Address of Parent/ Legal Guardian

Private Primary and Secondary School BESST  
Limbová 3  
917 02 Trnava

**Subject: Parent Request Form for Planned Absence**

Hereby I am requesting that my child .....  
....., pupil of class ..... will be excused from school  
on the following days, from ..... until ..... .

Child's date of birth: ....., address: .....  
..... .

As a reason for planned absence I am stating: .....  
.....  
.....

---

Place and Date

---

Signature of Parent/ Legal Guardian