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Surna	me, First name of Pupil		Date of birth	Class						
Surname, First name of Parent(s) or Guardian										
Addres	ss of Parent(s) or Guardian									
I/We request for the above named pupil										
	absence for one day on	in accordance w	accordance with § 30 GrSO.							
	absence from the period of	until	in accordance with	ı § 30 GrSO.						
Reaso	n									
Place,	Date	Signature of Parent(s) or Guardian								
2. De	cision of the Headmaster									
	The request is approved.									
	The request is approved with the following cor	nditions:								
;	Your child will be required to complete the missed schoolwork within <u>one week</u> by attending the afterschool group at the school premises. We would request you to contact your child's teacher immediately to arrange this.									
	The request is not approved for the following reason(s):									
-										
-										
-										
Place,	Date	School stamp								
Obe	rammergau,									
headm	naster	7								

3. a. Original to be kept by Parent(s) or Guardian

b. Copy for school records