



## Special leave application form

Mr. / Mrs.	.....
Adres	.....
Zip code and city	.....
Phone number	.....

Requests special leave for:

Student name	Date of birth	Group

Start date of requested leave:	
End date of requested leave:	
Reason for special leave:	

Datum:

Handtekening:

.....

.....



***To be completed by the school***

☐ The above leave is granted because .....

.....  
.....  
.....

☐ The above leave is not permitted because.....

☐ for said reason, given the provisions of the Compulsory Education Act, permission may not be granted.

☐ .....

.....  
.....

***Objection***

Pursuant to the General Administrative Law Act (Awb), you may submit a reasoned objection within six weeks of the date of this decision to the principal of the school or to the Compulsory Education Officer of the Municipality of Capelle aan den IJssel.

***Guidelines for leave outside school vacations***

Please refer to page 17 of the school guide for the guidelines for granting special leave.