



Application for Leave from School

Date of Application: _____

Name of Student: _____

Grade : _____

Period of Absence: _____

Number of School Days Absent: _____

Reason for Absence: _____

Date: _____

Signature Guardian 1

Signature Guardian 2

School Approval

Comments/Remarks by mentor: _____

Principal's Remarks: _____

Days approved: _____

Date: _____

Signature Principal: _____

*At Futuraskolan International School of Stockholm, we follow Swedish Law and approve up to and including 10 days of leave per Academic Year. Any cumulative absences that exceed 20% of the school year will be reported to school authorities including leave from school, illness, late arrival, etc.