



مدارس الفارس العالمية
Al FARIS International School

Absence / Early Dismissal Form

My Child _____ Grade/Section: _____

(Please print student's full name)

Absent all day on _____
Date(s)

Request dismissal early at _____ on _____
Time Date

Reason of early dismissal or absence:

Parent Signature: _____ Date: _____

Please provide the completed form to the supervisor on the day of early dismissal or the day student returns to school after absence.

For any illness/medical excuse please attach medical report if available.

NOTE: If the student is absent for an exam, a make-up test will only be given in the case a medical/doctors report is attached.