**Súkromná základná škola Wonderschool, Bilíkova 34, 841 01 Bratislava**

**ŽIADOSŤ o uvoľnenie žiaka z vyučovania pre RŠ
(5 a viac dní z iných ako zdravotných dôvodov)**

Meno rodiča:

Adresa trvalého bydliska:

Kontaktná mailová adresa

**Žiadam o uvoľnenie žiaka**

**Meno a priezvisko\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trieda\_\_\_\_\_\_\_\_\_\_\_\_\_\_** .

z vyučovania **v dňoch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**z nasledovných dôvodov (nie zdravotných):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Uvedomujem si, že vynechanie vyučovania sa môže nepriaznivo odraziť na prospechu môjho dieťaťa. Za dokončenie a doplnenie učiva a zadaných úloh počas neprítomnosti môjho dieťaťa v škole preberám plnú zodpovednosť.**

Dátum\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 podpis zákonného zástupcu

**Vyjadrenie triedneho učiteľa:**

Uvoľnenie žiaka **odporúčam / neodporúčam\***, a to z dôvodu ...................................

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

dátum ..................................... .....................................

 podpis triedneho učiteľa

**Vyjadrenie riaditeľa školy:**

**SÚHLASÍM / NESÚHLASÍM\***, a to z dôvodu.............................................................

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

dátum ..................................... .......................................

 podpis riaditeľa školy



**Súkromná základná škola Wonderschool, Bilíkova 34, 841 01 Bratislava**

**School Leave Permission to Be Submitted**

**to the School Headmaster**

**(5 and more days of school leave for other than health issues)**

Parent’s name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Adress of Permanent Residence: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

E-mail **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Tel. No.: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This is to ask for school leave for**

**Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **grade** **\_\_\_\_\_\_\_\_**

**On the following days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Due to (other than health issues):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that the missing classes may have a negative impact on my child’s learning results. Therefore, I bear full responsibility for my child to catch up with the classes missed out, i.e. to complete the assignments given during my child’s absence.**

Dated **\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Signature of the legal representative

**Statement of the Class Teacher:**

I **approve**  **/ disapprove\* of the school leave given that**  .............................................

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

Dated ..................................... .....................................

 Class Teacher Signature

**Statement of the School Director:**

**I approve**  **/ disapprove\* of the school leave given that** ................................................

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

Dated ..................................... .......................................

 Headmaster Signature