

ATTENDANCE AND TARDINESS- PARENT UNDERTAKING.
(For exceeding the limit of unexcused absence)

Date:

Name of the student:

Grade & section:

Name of the parent:

I understand that my son/ daughter has availed an unapproved leave/unexcused absence of -----days in the month of _____ which is a violation of the **Attendance Policy of ADEK and the School**. I have read and understood the Policy Update & Procedure { Circular No.17 dated 25/06/2024 & Circular No.45 dated 14/11/2024} issued by the school and also aware of the consequences of exceeding the authorized rate of absence as per the above policy.

I hereby undertake the responsibility of the consequences of the absenteeism what so ever it may be as per policy, if it exceeds the 5% & 10% of approved leave in an academic year for Grade 1 to 12 and Kindergarten respectively.

Furthermore, I ensure that my child will not avail any leave during the current academic year except on medical condition and emergencies which will be supported with appropriate documents.

Signature of the parent.

