

RAMADAN FASTING PERMISSION SLIP – REDLANDS PRIMARY SCHOOL

Name of child: _____ Class(es): _____

I have read and understood the school’s Ramadan Fasting Policy and I would like my child to fast on the following days during the week beginning: _____

(please tick all that apply)

Monday Tuesday Wednesday Thursday Friday

Signed: _____ parent/carer

Date: _____

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