



Dulwich High School
of Visual Arts & Design

REQUEST FOR UNIFORM EXEMPTION PASS

Name:

Mobile Phone:

Date:

Attn: HT Wellbeing

Dulwich High School of Visual Arts and Design

Please excuse my child _____ in Year ____ from
wearing complete school uniform.

They do not have the correct _____ at the moment.

We will need this uniform exemption to last for _____ day/s.

Thank you.

Date: __/__/____