



STUDENT'S LEAVE APPLICATION FORM

[PERFORATED]

NAME: _____ Class/Section: _____

Leave From: _____ To: _____ No. of days: _____

Reasons:

Ø Illness

- ▼ Fever
- ▼ Stomach Problem
- ▼ Chicken Pox / Measles / Conjunctivitis
- ▼ Admitted in the hospital

Ø A religious ceremony in the immediate family

Ø Any Other: _____

Details of Documents:

(If attached)

Previous Leave Record: Month: _____ No. of days: _____

Thank you,

Yours faithfully,

(Parent's Signature)

Recommended / not recommended by CT:

Recommended / not recommended by CC:

Approved / not approved by Principal:

[Above format should be followed for more than 3 days leave]