

Application for Leave from School

Date of Application:	×	3
Name of Student:	S	
Grade:	10	21
Period of Absence:	From:	Till:
Reason for Absence:	Sc.	
	%	
		:
Parent Signature	Ø	
Date:	6	2
se	CHOOL APPROVAL	
Comments/ Remarks by Class Teacher:	%	
Principal's Remarks:		
Approved: \square Not approved: \square		
Signed:	Ø	
Date:	6	2