

[School Name]
[School Address]
[City, State, ZIP Code]
[Date]

Leave Application Form

Student Details:

Student Name: _____

Class/Grade: _____

Section: _____

Roll Number: _____

Parent/Guardian Name: _____

Contact Number: _____

Leave Details:

Type of Leave: (Please tick the appropriate option)

Sick Leave

Personal Leave

Family Emergency

Other (Please specify): _____

Start Date of Leave: _____

End Date of Leave: _____

Total Number of Days: _____

Reason for Leave:

Supporting Documents (if any):

Medical Certificate

Other (Please specify): _____

Parent/Guardian Declaration:

I, _____, parent/guardian of _____, hereby request leave for the mentioned period due to the reasons stated above. I assure that my child will resume school on the specified date.

Signature of Parent/Guardian: _____

Date: _____

Class Teacher's Remarks:

Signature of Class Teacher: _____

Date: _____

Principal's Approval:

Signature of Principal: _____

Date: _____