



Student Leave Application Form

Student Name: _____

Grade: _____

Leave from: _____ To: _____
(DD-MMM-YY) (DD-MMM-YY)

No. of days: _____

Leave Category:

- Sick Leave with doctor's sick leave report (up to 2 days)
- Sick Leave without doctor's sick leave report (up to 2 days)
- Extended Sick Leave with doctor's sick leave report (3 or more days)
- Long Leave Case of emergency Other

Reason: _____

Date: _____
(DD-MMM-YY)

Parent's Name/Signature: _____

For Office Use only:

Administrative Remarks:

Status:

- Approved Parents are notified (if Unapproved)
- Unapproved

Academic Principal

Homeroom Teacher