

JAIN VIDYAASHRAM SR.SEC.SCHOOL, PUZHAL

APPLICATION FOR LEAVE

NAME OF THE STUDENT: _____ **CLASS & SEC:** _____

LEAVE REQUIRED:

➤ **HALF A DAY, DATE** _____ **F.N /A.N**

➤ **ONE / TWO DAYS, DATE: FROM** _____ **TO** _____

REASON: _____

CONTACT NUMBER: _____

CLASS TEACHER'S SIGNATURE

PARENT'S SIGNATURE

NOTE: If leave is applied for more than 3 days on medical grounds, then Medical Certificate should be attached.