SALWAN PUBLIC SCHOOL

SERVICE BEFORE SELF

MAYUR VIHAR, PHASE - III, DELHI-110096

STUDENT LEAVE APPLICATION FORM

DATE____/____/20_____

STUDENT'S NAME_____ADM. NO_____CLASS/SEC_____

PERIOD OF LEAVE: FROM _____TO_____ NO. OF DAYS_____

REASON OF LEAVE_____
MEDICAL (To be supported by Medical Certificate)

PARENTS NAME/ GUARDIAN: _____RELATION WITH CHILD_____

CONTACT NUMBER_____PARENT'S SIGNATURE_____

OFFICE USE

FRONT OFFICE _____CLASS TEACHER_____COORDINATOR_____

HEAD MISTRESS/ VICE PRINCIPAL_____ PRINCIPAL'S SIGNATURE_____