

LEAVE APPLICATION FORM

Date:

Name & Address of Parent/Guardian

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To

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Madam/Sir,

My Son/Daughter Studying in Std Sec.....

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.....

(reason for absence to be given here)

So, I request you to kindly grant him/her leave of absence for days.

Thanking you.

Yours faithfully,

(Signature of Parent/Guardian)

Note: Leave so far taken: days.