

FORMAT OF LEAVE APPLICATION FOR CLASS/SCHOOL

The Headmistress
Birla Public School Ganganagar
Sri Ganganagar
Rajasthan.

DATE: _____

SUBJECT- LEAVE APPLICATION FOR _____ DAYS OF MY SON/DAUGHTER
FROM CLASS _____ .

This is to kindly request you to grant _____ day / days leave to my
Son/Daughter _____ (name) a student of
class _____, of your school. He/She is down with high fever .He/She has
been advised a complete rest for _____ days. Please grant him / her a
leave for the same.

Thanking You

Regards,

Parent's Name _____

Contact Number _____

Address _____

**Note- Parents should attach a medical certificate in case the child
is absent for more than 3 days.**