

LEAVE APPLICATION FOR CLASS/SCHOOL(To be filled by parents)

The Principal,
Birla Public School Ganganagar,
Sri Ganganagar
Rajasthan.

DATE: _____

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

To Whom It May Concern,

This is to kindly request you to grant my Son/Daughter _____
(name) a student of class _____, of your school. He is down with high fever .He
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.**