



National Public School, Gottigere
Academic Year 20 ___ - 20 ___

Annexure
D

LEAVE APPLICATION FORM

Annexure D should have attached evidence document(s) in case of prolonged absence (three days and more)

Date: _____

Dear Principal Ma'am,

You are requested to kindly grant leave to my ward _____ studying in Class & Section _____ at your school from _____ to _____ for _____ days. (Total number of days)

Purpose/Reason for leave:

Declaration by the Parent

- I have read and clearly understood all instructions with respect to **Attendance and Regularity**, as specified in the School Almanac and I am aware of the consequences of absenteeism.
- I will extend my wholehearted support to the school, in helping my child to cope up with and complete all academic work.

Father's Name: _____

Mother's Name: _____

Father's Signature: _____

Mother's signature: _____

Father's Contact Number: _____

Mother's Contact Number: _____

Father's Mail ID: _____

Mother's Mail ID: _____

FOR OFFICE USE

Leave Granted / Not granted _____

Class Teacher's Remarks: _____

Class Teacher's Signature: _____

Admin's Signature: _____

Principal's Signature: _____