

V.S STARS PUBLIC SCHOOL

MANGALAM

APPLICATION FOR LEAVE/ PERMISSION

Date:.....

N.B.: This application for leave or permission must be given in advance and in person. No other form of application for leave will be entertained under any circumstances. In case of sudden sickness or untoward incident, at least a telephone message must be sent followed by a written application. (Medical Certificate has to be produced for medical leave).

Name :.....

(in block letters)

Class:..... Roll No.....

1. Leave required (No. of day/s or hour/s).....

Date/Dates.....from:.....to:.....

2. Reason.....

3. No.of days leave availed previously.....

4. Details of Previous Leave/Absence.....

5. Contact Nos.:.....

Principal Signature

Class Teacher's Signature

Parent's Signature

Please Note: Take Photo copy if required