



SALWAN PUBLIC SCHOOL

MAYUR VIHAR, PHASE - III, DELHI-110096

STUDENT LEAVE APPLICATION FORM

DATE ___/___/20___

STUDENT'S NAME _____ ADM. NO _____ CLASS/SEC _____

PERIOD OF LEAVE: FROM _____ TO _____ NO. OF DAYS _____

REASON OF LEAVE _____

MEDICAL (To be supported by Medical Certificate)

PARENTS NAME/ GUARDIAN: _____ RELATION WITH CHILD _____

CONTACT NUMBER _____ PARENT'S SIGNATURE _____

OFFICE USE

FRONT OFFICE _____ CLASS TEACHER _____ COORDINATOR _____

HEAD MISTRESS/ VICE PRINCIPAL _____ PRINCIPAL'S SIGNATURE _____
