

Leave request form for students

Student's name: _____

Class: _____

Leaving date: _____ Returning date: _____

Number of days: _____

Purpose of leave: _____

Parent's signature: _____

Today's date: _____

Teacher's comments: approved not recommended

Days absent so far: _____

Teacher's signature: _____

Vice Principal's comments: approved rejected

Vice Principal's signature: _____

