

## 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: \_\_\_\_\_

Principal's comments:  approved  rejected

Principal's signature: \_\_\_\_\_

