

LEAVE FORM

Place:

Date:

To
The Principal
Bethlehem New Central
School Karungal

Dear Sir,

1. Name of the student : _____

2. Class / Section : _____

3. Date & Days of absence : _____

4. Reason : _____

Signature of Parent / Guardian

Note: Medical Certificates to be enclosed (for 3 or more than 3 days)

1. Leave letter to be written by Parent / Guardian
2. Letter to be written on A4 sheet
3. For permission in case of long leave letter must be handed to the Principal through the class teacher / co-ordinator for approval.

Note: All the letters are to be addressed to the Principal / coordinator