

**Application of Leave**

Date: \_\_\_\_\_

To whom it may concern

My child \* \_\_\_\_\_, Class \_\_\_\_\_, Class Number \_\_\_\_\_, would like to apply for the following leave:

☐ # Sick Leave Reason: \_\_\_\_\_  
\_\_\_\_\_

☐ # Special Leave Reason: \_\_\_\_\_  
\_\_\_\_\_

A total of \_\_\_\_\_ \* day(s) or lesson(s), from \_\_\_\_\_(dd/mm/yy) to \_\_\_\_\_(dd/mm/yy) inclusively.

☐ # Attached please find the Medical Certificate for your reference. ^

Yours faithfully,

\* Parent / Guardian Signature: \_\_\_\_\_

\* Name of Parent / Guardian: \_\_\_\_\_

\* Delete as appropriate

# Tick as appropriate

^Application of Sick Leave for 2 days or more requires a Medical Certificate

Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ ( )

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Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ ( )