## **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		
inclusively.			
# Attached please f	nd the Medical Certificate for your reference. ^		
	Yours fa	ithfully,	
	* Parent / Guardian Signature:		
* Delete as appropriate # Tick as appropriate ^Application of Sick Leave for more requires a Medical Cert	2 days or		
	Date:		
	Teacher Signature:	()	

## **Application of Leave**

	Date:
To whom it may concern	
My child * for the following leave:	, Class, Class Number, would like to apply
# Sick Leave Reason	n:
# Special Leave Reason	n:
inclusively.	son(s), from(dd/mm/yy) to(dd/mm/yy)  Medical Certificate for your reference. ^
	Yours faithfully,
	* Parent / Guardian Signature:
* Delete as appropriate # Tick as appropriate ^Application of Sick Leave for 2 days more requires a Medical Certificate	* Name of Parent / Guardian:or
	Date:
	for the following leave:  # Sick Leave Reason  # Special Leave Reason  A total of * day(s) or less inclusively.  # Attached please find the # Tick as appropriate # Tick as appropriate Application of Sick Leave for 2 days

Teacher Signature: