



NATIONAL PUBLIC SCHOOL
KALKERE, BANGALORE
ACADEMIC YEAR: 20__ - 20__

Annexure

L

LEAVE APPLICATION FORM

Dear Ma'am,

Date: DD/MM/YYYY

Kindly grant leave to my ward _____ studying in _____ (Class & Section) at your school from _____ to _____ for _____ days (total no. of days).

Purpose/Reason for leave:

Declaration by the Parent

- I have read and understood all instructions with regard to attendance, given on page 6 in the Almanac.
- I will extend my wholehearted support to the school, in helping my child complete all academic work that he/she misses during his/her absence.

Father's Name: _____

Mother's Name: _____

Father's Signature: _____

Mother's signature: _____

For Office Use Only

Class Teacher's Remarks: _____

Class Teacher's Signature: _____