

Student Leave of Absence Form

To Whom It May Concern:

I _____ Phone No. _____

Home Address: _____

Relation with the student: _____

would like to request for my child's absence.

Name: _____ Student ID: _____

Year: _____

Period of Leave of Absence: _____ Day(s)

Start Date: _____ End Date: _____

due to the following reason:

I would like to request schoolwork during my child's absence.

(NB: At least ONE week prior notice is required if school work is requested)

Parent/Guardian signature: _____ Date: _____

(Please attach relevant documentation if any)

SCHOOL APPROVAL

Approved Not Approve

Headmaster:..... Date.....

