

STUDENT LEAVE APPLICATION

Date:.....

Dear Sir / Madam,

My son / daughter. Roll No.....of
class.....Sec.....is studying in APS Bangalore (K. Kamaraj Road) .I
request that the above mentioned child may be allowed leave of absence
from.....to.....(date) as he/she is
.....

Thanking you,

Yours Sincerely,

Signature
Father/Mother/Guardian

Name:.....