



LEAVE APPLICATION FORM

FOR SCHOOL USE ONLY	
Received By	
Teacher	
Vice Principal	
Head of School	
Status	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

To,

Head of School,

Section: Elementary Primary Secondary Hifz

Campus: B-1 B-2 B-3

GENERAL INFORMATION

Student's Name:	Grade:
Student's ID:	Section:

LEAVE INFORMATION

I wish to apply for leave for my child from school during the following dates:

Date of Last day at School:	
Date of Return to School:	
Total number of school days missed:	
Reason for absence from school:	

I understand that excessive absences of my child may affect his/her academic progress. Jazak'Allah khairun.

Father's/Guardian's Sign: _____

Mother's Sign: _____

Date: _____

Date: _____

SUBMIT COMPLETED APPLICATION AT LEAST 1 WEEK BEFORE A PLANNED LEAVE,

& ON THE DAY YOUR CHILD RETURNS TO SCHOOL IN CASE OF AN UNEXPECTED ABSENCE.

ABSENCES DUE TO ILLNESS IN EXCESS OF 3 CONSECUTIVE DAYS REQUIRE A PHYSICIAN'S NOTE/MEDICAL CERTIFICATE.