



LEAVE APPLICATION FOR CLASS/SCHOOL

To Whom It May Concern

This is to kindly request that you grant leave for my child:

Student Name:	Year:	Class:
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From (start date) :	To (end date) :	Total of (day/s):
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For the following reasons:

Yours faithfully

Signed:

Date:

Relationship to child:

Contact Tel:

Office Use Only

Approved:

Date: