



SRI VAGISVARI VIDYA MANDIR

2/59, PILCHINNAMPALAYAM (MANAL MEDU) VALPARAI ROAD,
SAMATHUR ♦ POLLACHI - 642 123. Phone : 271614

APPLICATION FOR LEAVE

Student ID Number : _____

Name of the Student : _____

Class : _____ Section : _____

Reason for Leave : _____

Date : From _____ to _____
[DD / MM / YYYY] [DD / MM / YYYY]

Any UNIT TEST / MID TERM is being missed : YES / No.

Signature of the Parent

OFFICE USE

Remarks by Principal / Vice Principal