



(Pre-Arranged / Sick) Leave Application Form

Student's Name: _____ Student ID: _____

Date of Submission: _____

Date of Leave	Time of Leave	Reason of Leave
From:		<input type="checkbox"/> Medical Appointment <input type="checkbox"/> Competition
To:		<input type="checkbox"/> Examination <input type="checkbox"/> Others: _____

Documentation attached (if any)

Parent's Name: _____

Parent's Signature: _____

For Office use only

Excused Unexcused

Supervisor's/ Principal's Signature: _____

Date: _____



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