



Pre-Arranged/Sick Leave Application Form

Name of Student: _____ Student ID: _____

Date of Submission: _____

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

Documentation attached (if any)

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

For Office use only

Excused Unexcused

Signature of Supervisor/Principal: _____

Date: _____



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