

DR. VIKHE PATIL FOUNDATION'S
Vikhe Patil Memorial School, Lohegaon

GENERAL LEAVE APPLICATION
(TO BE SENT AT LEAST THREE DAYS IN ADVANCE FOR APPROVAL)

Name of Child:- _____ Date_____

Standard: _____ Division: _____

Contact Number :- _____

Dates of Leave from: _____ to _____

Reason seeking Leave:-

Approved / Not Approved

Remarks:

Name of the Parent/Guardian: _____

Signature of the Parent:_____

Signature of the Class Teacher:_____

Signature of the Principal:_____
