

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

APPLICATION FOR SICK LEAVE

Name of the Child: _____ Date: _____

Standard: _____ Division: _____

Contact Number: _____

Leave from: _____ to _____

Illness:-

Treated by: _____

Remarks:

Name of the Parent/Guardian: _____

Signature of the Parent: _____

Signature of the Class Teacher: _____

Signature of the Principal: _____
