



LEAVE APPLICATION FORM

To,
Section Head,
Section: Montessori Primary Secondary Hifz
Campus: F-8 F-11 H-11

FOR SCHOOL USE ONLY	
Received By	
Teacher	
Section Head	
Branch Head	
Status	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

GENERAL INFORMATION

Student's Name:	Grade:
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LEAVE INFORMATION

I wish to apply for leave for my child from school during the following dates:

Date of Last day at School:	
Date of Return to School:	
Total number of school days missed:	
Reason for absence from school:	

I understand that excessive absences of my child may affect his/her academic progress. Jazak'Allah khairun.

Father's/Guardian's Sign: _____ Mother's Sign: _____

Date: _____ Date: _____

SUBMIT COMPLETED APPLICATION AT LEAST 1 WEEK BEFORE A PLANNED LEAVE,
& ON THE DAY YOUR CHILD RETURNS TO SCHOOL IN CASE OF AN UNEXPECTED ABSENCE.
ABSENCES DUE TO ILLNESS IN EXCESS OF 3 CONSECUTIVE DAYS REQUIRE A PHYSICIAN'S NOTE/MEDICAL CERTIFICATE.