

**Army Public School Dagshai**

**Distt Solan, HP, 173210**

**Leave Application Form**

Student's name: \_\_\_\_\_ Class: \_\_\_\_\_ House: \_\_\_\_\_

School No: \_\_\_\_\_

Father's / Mother's name: \_\_\_\_\_

Father's / Mother's Email ID: \_\_\_\_\_

Father's / Mother's Contact No: \_\_\_\_\_

Duration of Leave:                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Nature of Leave: (Tick)

Medical:

Other:

Reason of Leave:

Signature:

Date: