BISHOP MORROW SCHOOL

FORM-3

STUDENT LEAVE & ATTENDANCE FORM

Student Name _____

Admission Number _____

Class _____ Section _____ Roll Number _____

Date of Birth ___ / ___ / _____

Parent/Guardian Name: _____

Relationship: □ Father □ Mother □ Guardian

Mobile Number: _____

Email ID: _____

Purpose of Request (Tick ✓ the appropriate option)

□ Leave Application □ Medical Leave □ Late Arrival

□ Early Departure □ Attendance Correction

Request Details

From Date: ___ / ___ / _____

To Date: ___ / ___ / _____

Total Number of Days: _____

Time (Applicable for Late Arrival / Early Departure):

Arrival Time: _____

Departure Time: _____

Reason for Request

_____

_____

Supporting Documents

Please attach the following documents, if applicable.

□ Medical Certificate

□ Prescription / Doctor's Advice

□ Supporting Documents (if any)

□ Not Applicable

Declaration

I hereby declare that the information provided above is true and correct. I request the school authority to kindly consider and approve this request.

Parent/Guardian Signature: _____

Student Signature (if applicable): _____

Date: ___ / ___ / _____