

Student's Leave Application
(For more than five days)
To be submitted to the Class Teacher

CLASSES IV TO XII

Name of the student :

GR. No. : Class / Sec.

Leave applied : From: To:

Total No. of Days :

Reason for Leave :

Name of the Parent :

Local Address :

Telephone No. : Mob: Res/Off:

Contact No. : Mob: Res:

(If travelling out of Bahrain)

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Signature of the Parent Date:

For Official Use

Comments of Class Teacher:

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Signature of Class Teacher Signature of Class coordinator Signature of Head Teacher

Recommended / Not Recommended Approved / Not Approved

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Vice Principal Principal