



Student's Leave Application (More than Six Days)

To be submitted to the Class Teacher

FOR CLASSES IV TO XII

Name of the student :

G.R. No. : Class / Sec.

Leave applied : From: To:

Total No. of Days :

Reason for Leave :

Name of the Parent :

Local Address :

Telephone No. / Mob. No. : Res.: Off:

Mob:

Contact No. : Res:Mob:

(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

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Signature of Class co-ordinator

.....
Signature of Head Teacher

Recommended / Not Recommended

Approved / Not Approved

.....
Vice Principal

.....
Principal