

SRINIVASA VIDHYALAYA MATRICULATION HIGHER SECONDARY SCHOOL
GANDHI NAGAR, UDUMALPET - 642 154

STUDENTS LEAVE FORM

Name of the Student : _____ Date : _____

Class with Section : _____ Admn. No. : _____

Date(s) / Day(s) if leave availed / required : _____

Reason for leave : _____

Address for communication (if any) : _____

Student's Signature (with date) : _____

Parent's Signature (with date) : _____

Parent's Name (in BLOCK letters) : _____

Parent's Phone / Cell Number : _____

-----**For Office Use**-----

GRANTED / NOT GRANTED

Remarks, if any: _____

Class Teacher

Teacher in-charge

Principal