



STUDENT LEAVE OF ABSENCE APPLICATION FORM

FOR-ACD-01a
Version: 1.0
Effective Date: 08052024

Note:

1. Students under 18 years old must obtain their parents/guardian's signatures.
2. Delays may occur in processing if the form is incomplete. Attach relevant supporting documents to justify the absence/leave, such as an e-ticket, travel itinerary with the student's name, medical report etc. A **screenshot of any kind is NOT permitted.**
3. Submit this form and relevant supporting document to the Homeroom teacher via hardcopy or softcopy.

Student Full Name: _____

Grade/Class : Year _____

Parent/guardian's name: _____

Parent/guardian's email address: _____

Parent/guardian's contact number: _____

Relationship to student: _____

Apply for leave of absence from (dd/mm/yy): _____ to (dd/mm/yy): _____

Reason(s) for leave of absence:

Parent/guardian's signature: _____ Date: _____

FOR OFFICE USE

Acknowledge by,
Homeroom Teacher

Principal

Name:

Name:

Date:

Date:

Remarks:
