



INDIAN SCHOOL AL MAABELA

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APPLICATION OF LEAVE (STUDENT)



IND17.4311 U/Q

To

The VP/AVP/Class Teacher
Indian School Al Maabela
Sultanate of Oman

From

(Name) _____

Date _____

Respected Sir,

I Mr/Mrs _____ Father/Mother of _____
studying in class _____ sec _____ hereby state that he/she couldn't attend the school
from _____ to _____ (date) for the below mentioned reason

We will be highly obliged, if you accept his/her leave of absence. We assure you that
he/she will complete the portions covered up during his /her absence.

Thank you

Yours faithfully

Name _____

Sign _____

Student's GRNO _____

Parents Mobile Number:

Email Address :

Medical Certificate attached : Yes/No