



S.A.V. JAIN DAY BOARDING SCHOOL

Una Road (HOSHIARPUR)

C.B.S.E. REGD.

LEAVE FORM

(For Students)

Adm. No.:

Dated.....

1. Name of the Student..... Class..... Roll No.

2. Period of Leave From To

3. Reason of Leave

Signature of Student

Signature of Parents / Guardian

Sanctioned / Not Sanctioned

Class Teacher

Principal

Remarks _____

(Please submit a medical certificate if leave is required on medical grounds)