

SCHOOL OF KNOWLEDGE, SHARJAH
STUDENT LEAVE APPLICATION FORM

NAME OF THE STUDENT : _____ GRADE/SEC: _____

DURATION OF LEAVE : FROM _____ TO _____

REASON FOR LEAVE : _____

CONTACT NO: RES: _____ MOBILE: _____

WHETHER TRANSPORT AVAILED, IF YES, BUS NO.: _____

(If the transport is not used please write N.A. (Not Applicable))

UNDERTAKING BY PARENT :

I've cleared all the dues and undertake to give my ward sufficient help to cover the portions he/she will be missing. Having faith in the School's efforts in helping my child, I shall not hold the institution responsible if my child fails to perform well in the examination. I am aware that my ward requires **75% attendance** as per MOE regulations, failing **which he/she can be retained** in the same class at the end of the academic year.

NAME OF PARENT : _____ DATE : _____

SIGNATURE OF PARENT : _____

LEAVE APPROVED BY :

Signature of Principal / Vice Principal: _____