



LEAVE APPLICATION FORM

Pakistan International School Jeddah – English Section

Date: _____

Admission No: (As written on fee slip)		
Student Name:		
Class-Section:		
Leave Applied for _____ days	From:	To:
Reasons for Leave:		
Contact Number		
Email Address		
Signature		

**All medical leaves will only be approved with subject to the medical certificate provided.*

**No leave is permissible during Tests/Exams except acute medical reason of the student.*

(For office only)

Remarks:

(Coordinator - Student Affairs)

Remarks:

DHJS/DHMS/DHSS

Remarks: _____ Total No. of absences: _____

Home Room Teacher