



VIVEKANANDHA ACADEMY Senior Secondary School

CBSE Affiliation No:1930306-SS-01110-1516 (Grade KG-XII)

www.vivekanandhaacademy.com,email:info@vivekanandhaacademy.com

LETTER FOR PERMISSION / LEAVE FOR STUDENTS

(Parents must only furnish the leave letter in advance)

(No other form of application will be entertained under any circumstances. In case of sudden sickness or untoward incidence, atleast a telephone message must be sent, followed by a written application.)

From ,

(Residential address with telephone no.in Block Letters)

To, The Class teacher,

Class:_____ Section:_____

Vivekanandha Academy,

Kadaiyur,Kangayam-638701.

(a) Name of the Student (in Block Letters): _____

Class:_____ Section:_____

(b) No. of days / day – leave / Permission required:_____

(c) Reason:

(d) Whether Medical Certificate enclosed / not enclosed.

(e) Signature of the father / mother / guardian_____

Date:_____ Name of the Parent:_____

Class Teacher Signature

Signature of the Principal

Note to Parent:

- 1.You are expected to produce leave letter only in the leave form given below.
- 2.Prior intimation / Permission to be sought for leave already planned.
- 3.You are expected to produce leave letter latest by 3rd day of absence. Even if the child falls ill with Medical Certificate thereafter.