

To,  
The Principal,  
(School Name),  
(Address).

Subject: Leave Application for Parents of Child  
Dear (Sir/madam),

With due regard, I want to notify you that my child (name of the student) is a student of class (class name), of your school. Due to some wellness issues, my boy/girl is hospitalized and is recommended to be in a doctor's monitoring for two days. My family members are taking care of him/her in hospital, right now and we are not in a state to send him/her to school.

Hence, I beg you to please understand our position and grant my child leave for (mention number of days) from mm/dd/yyyy ☐ tomm/dd/yyyy ☐. I am inserting a medical document from the doctor for your reference. I ensure you that he/she will attend the school daily going forward.

Thanking you,

Yours sincerely,  
(Name of the Parent)

No file chosen

Signature