

Medical Leave Application

Date: [Insert Date]

To,

The Principal,

[School/Institution Name],

[School Address]

Respected Sir/Madam,

I am [Your Name], a student of [Your Class/Grade] at [School/Institution Name]. I am writing to formally request a medical leave of absence due to [briefly explain your medical condition, e.g., "a severe illness" or "a scheduled surgery"] that requires me to take time off from school.

I kindly request leave starting from [Start Date] to [End Date]. I assure you that I will make every effort to catch up on missed assignments and lessons during my absence.

Thank you for considering my application. I hope for your understanding and support in this matter.

Sincerely,

[Your Name]

[Your Class/Grade]

[Your Roll Number]

[Contact Information]