

Student Leave Request Form

Date: _____

To: [Teacher's/Principal's Name]

School Name

School Address

City, State, ZIP Code

Dear [Teacher's/Principal's Name],

I hope this message finds you well. I am writing to formally request a leave of absence from school for medical reasons. I have been advised by my doctor to take time off to recover from my condition.

My medical issue requires that I be absent from school starting from [start date] to [end date]. I will do my best to keep up with my assignments and any missed work during my absence.

Thank you for your understanding and support. Please feel free to contact me or my parents if you need further information.

Sincerely,

[Your Name]

[Your Grade/Class]

[Your Contact Information]