

# Health Leave Application

Date: [Insert Date]

To,  
The Principal,  
[School/College Name],  
[School/College Address].

Respected Sir/Madam,

I am [Your Name], a student of [Your Class/Grade] at [School/College Name]. I am writing to formally request a leave of absence due to health reasons. I have been experiencing [briefly explain your health issue] and my doctor has advised me to take rest for [number of days] days.

I kindly request you to grant me leave from [start date] to [end date]. I assure you that I will make up for any missed assignments and lessons during my absence.

Thank you for your understanding.

Sincerely,  
[Your Name]  
[Your Roll Number/Student ID]  
[Contact Information]