



Student Sick Leave Form

Date: _____

Student Name: _____

Civil ID Number:

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Hospital/Clinic: _____

Nationality: _____

Age: _____

Gender: Female Male

Dear Principal,

Please be informed that _____

He/She will be away from school from _____ to _____

Doctor's Signature: _____ Date: _____

Doctor's stamp: _____

Note: This form must be submitted to the office within 3 working days, after the sick leave.