To,

The Principal,

_____ (School / College Name)

_____ (City / Town Name)

Date: ____ / ____ / 20____

Subject: Application for Sick Leave.

Respected Sir / Madam,

With due respect, I want to state that I am a student of Class _____ in your institution. I have been suffering from _____ (Reason / Fever) since _____, and the doctor has advised me to take complete rest for _____ days. Therefore, I am unable to attend classes.

Kindly grant me leave from ____ / ____ / 20____ to ____ / ____ / 20____. I shall be highly obliged to you for this kindness.

Thanking you.

Yours obediently,

Name: _____

Class: _____

Roll No.: _____