***IS-11***

**Satit Kaset IP**

Kasetsart University Laboratory School

International Program

**Student’s Leave of Absence**

Address…………………………………

………………………………………….

………………………………………….

Date …….. Month ………….………. Year …….…..

**RE:** 🞎 **Personal leave**  🞎 **Sick leave**

**TO:** Classroom Teacher ………………………………………..

I, ……………………………………., a student of Satit Kaset IP ...….. hereby 🞎 request or 🞎 report my leave of absence from D/M/Y ………………………….…. time …………..… to D/M/Y ………...…….……………. time ………………… totaling …………………....…. day(s) due to ……….……………………………………....

………………………………………………………………………………………….……………………………..

Sincerely,

…………………………………………

(………………………………………..)

Student

Certified by:

…………………………………………

(………………………………………..)

Parent

1. Acknowledged by:
2. Comments ……………………………………………………

………………………………………………………………..

………………………………………………………………..

…………………………………………

(………………………………………..)

Classroom Teacher

Enclosure: ………………………………………………..

Remark : ……………………………………………………………………………………………………………...

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