

MILC LEAVE REQUEST FORM

Student Name:

Year:

I/We request that my/our child be given permission for leave on the following days.

Date out

Date in:

Time out: _____

Time in: _____

Travel Details (Departure and return) if not arranged by MILC:

To be collected by _____
(full name and contact number)

To be returned by _____
(full name and contact number)

Contact name, address of the person where your child will spend their leave:

Name: _____

Address: _____

Phone No.: _____

Have you contacted the people above? Yes / No

Please note: MILC is in the position to access your child's leave request and it is subject to approval by various factors. Submission of this form do not guarantee the automatic approval of your child's leave.

Parent name: _____ Parent's signature: _____

Parent's contact number: _____ Date: _____