

Return to School Following Illness Request Form

Year / Month / Day

To the Principal
Gyosei International Primary School

(Student Name)_____

(Grade)_____ (Seat No.)_____ has received treatment for

(Illness)_____ from (YY/MM/DD)_____ and has recovered.

We request permission for the above mentioned student to attend school from

(YY/MM/DD)_____

Hospital Name:_____

Address:

Doctors Signature:

Sincerely yours,

Parent's Name / Signature