

SABEELUL HIDAYA ISLAMIC COLLEGE, Parappur

Class Recovery Approval Form

Name of Student		Ad.No:	
Class	Duration of Absence	From:	To:
Class Teacher:			

No:	Subject	Hrs	Teacher	Approval	
				Signature	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

FINAL APPROVAL		
Class Teacher		Date
Principal		Date