Leave Letter for Eye Pain for School

[Your Name]
[Your Address]
[City, State ZIP Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Principal's Name]
[School Name]
[Address]
[City, State ZIP Code]

Dear [Principal's Name],

I am writing to request a leave of absence from school due to eye pain. I am experiencing severe eye pain, which is affecting my vision and causing discomfort.

As per the advice of my ophthalmologist, I require immediate medical attention and need to take some time off school to recover. I have attached a copy of my medical certificate for your reference.

I would like to request a leave of absence for [number of days] from [start date] to [end date] to recover from this ailment. During my absence, I will ensure that I catch up with any missed work and assignments as soon as I return to school.

Thank you for your understanding and support during this time. Please let me know if any further information is required.

Sincerely,

[Your Name]