ST. JOAN OF ARC SECONDARY SCHOOL

聖 貞 德 中 學

55 Braemar Hill Road, Hong Kong. 香港北角寶馬山道五十五號

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Application for leave of Absence

To whom it may concern,

My son / My daughter * would like to apply for leave of absence.

Name of Student : _____ Class: _____ No.:_____

Date of absence: from _____/_____/_____to _____/_____/_____

date month year date month year

Total no. of day(s) :_____(a.m. / p.m. / whole day) *

Reason(s) of absence:（Detailed explanation must be provided）

_____

_____

_____

Signature of Parent/Guardian: _____

Date : _____

*Please delete as appropriate.

(Remarks Students who take sick leave during examination periods must submit an application letter and a doctor's certificate.)

_____

The following parts are filled in by the school:

Part A) The student submitted the following document(s):

☐ Application letter ☐ Doctor's certificate / other Supporting Docmments

(Sick leave application has to be submitted within 3 days of returning to school and application for leave of absence due to personal reasons has to be submitted 3 days in advance.)

Name of Class Teacher: _____Signature of Class Teacher: _____Date: _____

Part B) The application is

☐ approved. ☐ not approved.

Signature of Principal: _____ Date: _____

Please put a tick (✓) in the appropriate box ☐.