

**CHIU LUT SAU MEMORIAL SECONDARY SCHOOL**  
**Application for Leave**

Name of Student : \_\_\_\_\_( \_\_\_\_\_ )

Class : \_\_\_\_\_ ( \_\_\_\_\_ )

Tel. No. : \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

Date of Leave :  1 day:  $\frac{\quad}{DD} / \frac{\quad}{MM} / \frac{\quad}{YY}$  (From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm )

From  $\frac{\quad}{DD} / \frac{\quad}{MM} / \frac{\quad}{YY}$  to  $\frac{\quad}{DD} / \frac{\quad}{MM} / \frac{\quad}{YY}$

Reason(s) :

Medical appointment

Examination ( \_\_\_\_\_ )

Others : \_\_\_\_\_  
\_\_\_\_\_

Document(s) provided :

Medical certificate

Documents for Examination \_\_\_\_\_

Others : \_\_\_\_\_

Name of Parent / Guardian : \_\_\_\_\_

Signature of Parent / Guardian : \_\_\_\_\_

Date of Application : \_\_\_\_\_

*\* Please submit this application 2 school working days before the date of leave \**

<b>Official Use Only</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved
Date: _____	
(Principal)	

(This application form can be downloaded from the school website)