

Class / Class No.: \_\_\_\_\_

Date of Leave: \_\_\_\_\_

## **Salesian English School**

### **Student Leave Application Form**

To The Principal:

My son \_\_\_\_\_ (Name of Student) \_\_\_\_\_ (Class)

\_\_\_\_\_ (Class no.) wish to apply for a leave for \_\_\_\_\_ (day(s)) from

\_\_\_\_\_ (YY) \_\_\_\_\_ (MM) \_\_\_\_\_ (DD) AM / PM to \_\_\_\_\_ (MM)

\_\_\_\_\_ (DD) AM / PM due to \_\_\_\_\_,

and wish to seek for your permission.

Please find the proofing document: (Put a ✓ for the attached document )

- No Medical Proof
- With Medical Proof
- Public Examination or Competition Proof
- Other Proofing Document: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Remark:

1. Student should submit this application form to the school office at the first school day after recovery.
2. If the length of sick leave is one day, a parent letter for sick leave is required. If the sick leave is more than one days, a medical proof together with a parent letter is a must for the application.