Tsuen Wan Government Secondary School Personal Leave Application

Official use only Date(s):

Cass: (-						·	e of Student:	Nam
		<u>Р</u> СТ	-)	(s:	Class
Date(s) of Leave: (1) Time: _ whole day/day(s) am/pm to)	nt's Mobile	(Stude		ne)	(Hom		No.:	Tel. 1
Fromam/pm to				's Mobile)	(Parer						
(2)				day(s)	lay/	□ whole	Time:		: (1)	(s) of Leave:	Date
Fromam/pm to	_am/pm		to _	am/pm		□ From					
(3) Time: whole day/day(s) From am/pm to				day(s)	lay/	□ whole	Time:		(2)		
Reason(s): Medical appointment	_am/pm		to _	am/pm		□ From					
Reason(s): Medical appointment Examination (day(s)	lay/	□ whole	Time:		(3)		
Examination (_am/pm		to _	am/pm		□ From				son(s):	Reas
□ Others: Photocopy of Document(s) provided: □ Medical Certificate □ Admission Form □ Others: Signature of Parent / Guardian :									ppointment	Medical app	
Photocopy of Document(s) provided: Medical Certificate Admission Form Others: Signature of Parent / Guardian: Name of Parent / Guardian: Date of Application:		_)							on (Examination	
☐ Medical Certificate ☐ Admission Form ☐ Others: ☐ Signature of Parent / Guardian : ☐ Name of Parent / Guardian: ☐ Date of Application:	_									Others:	
Admission Form Others: Signature of Parent / Guardian: Name of Parent / Guardian: Date of Application:								provided:	ocument(s) p	ocopy of Doc	Photo
Others: Signature of Parent / Guardian: Name of Parent / Guardian: Date of Application:									Certificate	Medical Cer	
Signature of Parent / Guardian : Name of Parent / Guardian: Date of Application:									Form	Admission F	
Name of Parent / Guardian: Date of Application:	-									Others:	
Date of Application:								n :	ent / Guardian	ature of Paren	Signa
									/ Guardian: _	e of Parent / C	Nam
									on:	of Application	Date
Official Use Only				N.	7	Use Onl	Official				
Approved			/ed	Not approv					pproved	App	
Date: (Principal)			ipal)	(Princi						Date:	

荃灣官立中學 事假申請

校方專用

日期:

學生姓名:		,							
班別:		()							
電話:		(住	:宅)	(學生	三手提)		P CT		
	(家長手提)								
請假日期:	(1)		時間:	□ 全日/共 <u></u> □ 上午/下午	天 	_ 至 上 ^左	F/下午		
	(2)		時間:	□ 全日/共 <u></u> □ 上午/下午	天 	_ 至上生	F/下午		
	(3)		時間:	□ 全日/共 <u></u> □ 上午/下午	天 	_ 至 上生	F/下午		
原因:									
□ 就診									
□ 考試	()			
□ 其他:									
證明文件影									
□ 醫療	證明								
□ 考試	證明								
□ 其他:	i								
家長/監護	蒦人簽署:								
家長/監護	蒦人姓名:								
申請日期:									
	由校方填寫								
	□ 批准 □ 不批准								
	日期:								
	(校長)								