



LEAVE APPLICATION FORM (STUDENT)

STUDENT'S PARTICULARS	
Full Name:	Date:
Student's ID:	Class:
Course:	
Contact Number:	Parent's Contact Number:
Email:	

REASON FOR LEAVE	
Type:	<input type="checkbox"/> Compassionate <input type="checkbox"/> Home <input type="checkbox"/> Medical <input type="checkbox"/> Overseas Performance <input type="checkbox"/> Reservist <input type="checkbox"/> Others _____
Date:	From _____ To _____
Total Day(s):	Supporting Documents: Yes / No

Absence from : Class Examination

- Students shall attain a minimum of 90% attendance per course
- Students shall apply for student leave of absence two weeks prior to intended absence.
- The School shall give a grace period of three days for student submission of Student Leave of Absence Forms under the following circumstances:
 - Medical Leave (To provide relevant medical certificate)
 - Compassionate Leave (To provide relevant evidence i.e. Death Certificates)

STUDENT'S SIGNATURE	DATE



June's Beauty School

貴夫人美容學校

APPROVED

NOT APPROVED

APPROVED BY STUDENT SUPPORT	APPROVED BY PRINCIPAL*	RECORDED BY ACADEMIC DEPARTMENT
<hr/> Name: Date:	<hr/> Name: Date:	<hr/> Name: Date:

*Approval by Principal required when applying for extended leave

FOR OFFICIAL USE ONLY
Remarks: