

ALL CORRESPONDENCE SHOULD BE
ADDRESSED TO THE HEADTEACHER.

TELEPHONE: 3159 4200

FAX: 2624 7292



DIOCESAN BOYS' SCHOOL

PRIMARY DIVISION

131 ARGYLE STREET,

KOWLOON, HONG KONG.

Student's Leave Application Form

Name of Student: _____

Class: G. _____ ()

Date / Time of Leave:

Full Day Leave (Date: From _____ to _____)

Half Day Leave (Date: _____)

Before School Lunch Time

After School Lunch Time

Reason for Leave Application: (please ✓ where appropriate)

Sick / Medical Appointment (Reason: _____)

Contest / Competition (Event: _____)

Others: _____

Supporting Document: Yes No

Parent's / Guardian's Signature: _____

Date: _____

For Office Use Only

Full Day Leave Approved

Half Day Leave Approved

Leave Not Approved

Remarks: _____

Headteacher's Signature: _____

Date: _____