

CHIU LUT SAU MEMORIAL SECONDARY SCHOOL
2022-2023
Application for Casual Leave

Name of Student : _____(_____)

Class : _____ (_____)

Tel. No. : _____ (Home) _____ (Mobile)

Date of Leave : _____ (AM / PM / Whole day)

Reason(s) :

- Medical appointment
- Examination (_____)
- Others : _____

Document(s) provided :

- Medical certificate (Photocopy)
- Documents for Examination (Photocopy) _____
- Others : _____

Name of Parent / Guardian : _____

Signature of Parent / Guardian : _____

Date of Application : _____

** Please submit this application 2 days before the actual leave **

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