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 & Class No.: 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: (Specify: _____)

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:_____