

**STUDENT SUPPORT**

REF NO.: SS – LAF –

REV NO.: 002

*June's Beauty School*

貴夫人美容學校

**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



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: