學生可影印本頁應用。註:家長印鑑須與存校資料相符,否則此函無效。

香港真光書院學	生請	假用	箋 (	病假	)_
年	副校長	此致	由月	茲因(詳述)	敬啟者:中
月			日起至		級
日			月		班 學 生
家長			日止,共請假		(班號
			天。	,	$\smile$
學校活動、測驗考試或兩 醫生證明書。	万天或.	以上病	假必須	頁隨函	附交
班主任簽署:			期:		

學生可影印本頁應用。

註:小	香港真光書院	:學生請	假用:	箋 (	病假	)_
家長印鑑須與存校資料相符	年	副校長	此致	由月	茲因(詳述)	敬啟者:中
,	月			日起至		級
否則此函無效	日			月		班 學 生
0	家長			日止,共請假		(班號
				天。	,	$\smile$
	學校活動、測驗考試: 醫生證明書。	或兩天或以	以上病	假必须	頁隨函	附交
	班主任簽署:		日	期:		

Date:	Date:						
To: The Vice Principal, Hong Kong True Light College	To: The Vice Principal, Hong Kong True Light College						
Dear Sir/Madam, Re: Letter of Excuse for Absence (Sick Leave)	Dear Sir/Madam, Re: Letter of Excuse for Absence (Sick Leave)						
Please excuse my daughter,(student's name)	Please excuse my daughter,(student's name)						
of Secondary(class)(no), for not attending school from	of Secondary(class)(no), for not attending school from						
to for a total of days because she was	to for a total of days because she was						
sick with(reason for absence).	sick with(reason for absence).						
Thank you for you kind attention.	Thank you for you kind attention.						
Yours sincerely,	Yours sincerely,						
(Parent's signature)	(Parent's signature)						
A medical certificate, along with this letter, shall be submitted in the case of application for sick leave for two days or more and absence from school activities, tests and examination.	A medical certificate, along with this letter, shall be submitted in the case of application for sick leave for two days or more and absence from school activities, tests and examination.						
(Class teacher's signature) (Date)	(Class teacher's signature) (Date)						
Note: Parent's /guardian's signature shall be verified against the record kept by the school; this letter will be deemed invalid if the signature is not authentic.	Note: Parent's /guardian's signature shall be verified against the record kept by the school; this letter will be deemed invalid if the signature is not authentic.						

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* 若 半	香港	性真	光:	書院	7.00	<u>生</u>	清假原	刊箋	(預	約覆	診)
* 若半日覆診之申請,請在合適	年			副核長		敬祈照准是荷。此致	* 退飯: □ 須 /	* □ 回校時間:	由月	茲因預約覆診	敬啟者:中
的	月					致	/ 口 不須		日起至		級
方格內填上✓							須		月		班 學 生
上✓號。	日	<b>家長</b>	آ ا					離校時間:	日止,共請假		生
									天。	,	(班號)
-	 班主	<u></u> 任領	 署	:				 日其	 月:		
	<u> </u>							日 月			
							 診副 [人。	本申	請,分	· 交班	主主任

註 : 香港真光書院學生請假用箋 預約覆診 l:家長印鑑須與存校資料相符,否則此函無效若半日覆診之申請,請在合適的方格內填上**>** 副校長 由 敬祈照准是荷。此致 茲因預約覆診 退飯: □ 敬啟者:中 回校時間: 月 須 年 日起至 級 不須 月 月 班 學生 離校時間: В 日止,共請假 號 家長 (班號 天。 學生可影印本頁 班主任簽署: 日期: 負責人簽署: 日期: 應用 請兩天前隨函附預約覆診副本申請,先交班主任

簽署,再交109室負責人。

Date:		Date:						
To: The Vice Principal, Hong Kong True Light College		To: The Vice Principal, Hong Kong True Light College  Dear Sir/Madam, Re: Letter of Excuse for Absence (Medical Appointment)						
Dear Sir/Madam, Re: Letter of Excuse for Absence (Medic	cal Appointment)							
I am applying in writing to you for I	eave on behalf of my daughter, student's name) of(class)	I am applying in writing to you for leave on behalf of my daughte(student's name) of(class						
(no), who is going to hav	e a medical appointment from a total of days.	(no), who is going to hav	ve a medical appointment from a total of days.					
*   Arrival time:/   Lea	ving time:	*  Arrival time:/  Lea	iving time:					
Lunch Refund Request: * ☐ Yes / ☐ N	Мо	Lunch Refund Request: * ☐ Yes / ☐ No  I hope that her application will be favorably considered and approval will be granted. Thank you for your kind attention.  Yours sincerely,						
I hope that her application will be favoral granted. Thank you for your kind attent								
Yours sincerely,								
(Parent's signature)		(Parent's signature)						
(Class teacher's signature)	(Date)	(Class teacher's signature)	 (Date)					
(Olass teacher's signature)	(Daic)	(Olass teacher's signature)	(Date)					
(Teacher-in-charge's signature)	(Date)	(Teacher-in-charge's signature) (Date)						
Medical appointment leave application appointment booking record, signed by t at least two days in advance to the tea approval is granted.	he class teacher, and be submitted	Medical appointment leave application must accompany a photocopy of appointment booking record, signed by the class teacher, and be submitted at least two days in advance to the teacher-in-charge in room 109 before approval is granted.						
Note: Parent's/guardian's signature shall be school; this letter will be deemed invalid if the		Note: Parent's/guardian's signature shall be verified against the record kept by th school; this letter will be deemed invalid if the signature is not authentic.						

\* For half day medical appointment, please tick "\scriv" in the appropriate boxes.

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Note: Parent's/guardian's signature shall be verified against the record kept by the school; this letter will be deemed invalid if the signature is not authentic.

<sup>\*</sup> For half day medical appointment, please tick "\sqrt{"}" in the appropriate boxes. Students may photocopy this page for use.

主 * : 若	霍	 香港真	光書	 院學	 生請(	段用領	 箋(:	事假	)
主: 家長印監頁與字交資斗目守,昏測比函無效。**若半日事假之申請,請在合適的方格內填上\*號。	年 月 日	家長	一副校長	敬祈照准是荷。此致	* 退飯:口 須 / 口 不須	*□ 回校時間: / □ 離校時間:	由月日起至月日止,共請假天。	茲因(詳述)	敬啟者:中 級 班 學生 (班號 )
	班主	任簽署	:			日其	月:		
珍印本重應用	負責.	人簽署	:			日其	月:		
見		天前具 109 室			申請	,先	 交班:	主任第	 簽署,

家長印鑑須與存校資料相符,

:若	直	香港	甚真	[ナ	亡書		:學:	生:	請但	別	箋 ( -	事假	)	
家長印鑑須與存校半日事假之申請,	<i>t</i>				副校長		敬祈照准是荷。此致	j	* 退飯: 〕 須	*□回校時間:	由月	茲因(詳述)	敬啟者:中	
資料相符	年月						。 此 致		<ul><li>イ コ 不須</li></ul>	:	日起至		平 級	
否則此函									- 須	/ □ 函	月		班 學 生	
無效。。。	日		家長							離校時間:	日止,共請假			
											天		班 號	
學 生											0	,	<u> </u>	
學生可影印本頁應用	班主	任:	簽	写:						日其	月:			
本頁	負責	人	簽署	雪:						日其	归:			
應 用	請兩	天	前身	1 5	函詳	述	理由	∃ ≢	請	,先	交班3	主任贫	簽署,	

再交 109 室負責人。

Date:	Date:						
To: The Vice Principal, Hong Kong True Light College	To: The Vice Principal, Hong Kong True Light College						
Dear Sir/Madam, Re: Letter of Excuse for Absence (Casual Leave)	Dear Sir/Madam, Re: Letter of Excuse for Absence (Casual Leave)						
I am applying in writing to you for leave on behalf of my daughter,(student's name) of(class)(no), who is going to have a casual leave from to	I am applying in writing to you for leave on behalf of my daughter,						
for a total of days due to (reason of leave).	(reason of leave).						
*  Arrival time:/  Leaving time:	*  Arrival time:/  Leaving time:						
Lunch Refund Request: * □ Yes / □ No	Lunch Refund Request: * ☐ Yes / ☐ No						
I hope that her application will be favorably considered and approval will be granted. Thank you for your kind attention.	I hope that her application will be favorably considered and approval will be granted. Thank you for your kind attention.						
Yours sincerely,	Yours sincerely,						
(Parent's signature)	(Parent's signature)						
(Class teacher's signature) (Date)	(Class teacher's signature) (Date)						
(Teacher-in-charge's signature) (Date)	(Teacher-in-charge's signature) (Date)						
Casual leave application must be signed by the class teacher and submitted at least two days in advance to the teacher-in-charge in room 109 before approval is granted.	Casual leave application must be signed by the class teacher and submitted at least two days in advance to the teacher-in-charge in room 109 before approval is granted.						
Note: Parent's/quardian's signature shall be verified against the record kent by the	Note: Parent's/guardian's signature shall be verified against the record kept by the						

Note: Parent's/guardian's signature shall be verified against the record kept by the school; this letter will be deemed invalid if the signature is not authentic.

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Students may photocopy this page for use.

<sup>\*</sup> For half day casual leave, please tick " $\checkmark$ " in the appropriate boxes.

<sup>\*</sup> For half day casual leave, please tick " $\checkmark$ " in the appropriate boxes.