

香港真光書院學生請假用箋（病假）

敬啟者：中 級 班學生

（班號）

茲因（詳述）

由 月

日起至

月

日止，共請假

天。

此致

副校長

家長

年

月

日

註：家長印鑑須與存校資料相符，否則此函無效。
學生可影印本頁應用。

學校活動、測驗考試或兩天或以上病假必須隨函附交醫生證明書。

班主任簽署： 日期：

香港真光書院學生請假用箋（病假）

敬啟者：中 級 班學生

（班號）

茲因（詳述）

由 月

日起至

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此致

副校長

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年

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註：家長印鑑須與存校資料相符，否則此函無效。
學生可影印本頁應用。

學校活動、測驗考試或兩天或以上病假必須隨函附交醫生證明書。

班主任簽署： 日期：

Date:

To: The Vice Principal,
Hong Kong True Light College

Dear Sir/Madam,
Re: Letter of Excuse for Absence (Sick Leave)

Please excuse my daughter, _____(student's name)
of Secondary _____(class) _____(no), for not attending school from
_____ to _____ for a total of _____ days because she was
sick with _____(reason for absence).

Thank you for your kind attention.

Yours sincerely,

(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.

(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.

Students may photocopy this page for use.

Date:

To: The Vice Principal,
Hong Kong True Light College

Dear Sir/Madam,
Re: Letter of Excuse for Absence (Sick Leave)

Please excuse my daughter, _____(student's name)
of Secondary _____(class) _____(no), for not attending school from
_____ to _____ for a total of _____ days because she was
sick with _____(reason for absence).

Thank you for your kind attention.

Yours sincerely,

(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.

(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.

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香港真光書院學生請假用箋（預約覆診）

敬啟者：中 級 班學生 （班號 _____）
茲因預約覆診
由 月 日起至 月 日止，共請假 _____ 天。
* ☐ 回校時間： _____ / ☐ 離校時間： _____
* 退飯：☐ 須 / ☐ 不須
敬祈照准是荷。此致
副校長

家長

班主任簽署： _____ 日期： _____

負責人簽署： _____ 日期： _____

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。

* 若半日覆診之申請，請在合適的方格內填上✓號。
註：家長印鑑須與存校資料相符，否則此函無效。

學生可影印本頁應用

香港真光書院學生請假用箋（預約覆診）

敬啟者：中 級 班學生 （班號 _____）
茲因預約覆診
由 月 日起至 月 日止，共請假 _____ 天。
* ☐ 回校時間： _____ / ☐ 離校時間： _____
* 退飯：☐ 須 / ☐ 不須
敬祈照准是荷。此致
副校長

家長

班主任簽署： _____ 日期： _____

負責人簽署： _____ 日期： _____

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。

* 若半日覆診之申請，請在合適的方格內填上✓號。
註：家長印鑑須與存校資料相符，否則此函無效。

學生可影印本頁應用

Date:

To: The Vice Principal,
Hong Kong True Light College

Dear Sir/Madam,

Re: Letter of Excuse for Absence (Medical Appointment)

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 medical appointment from
_____ to _____ for a total of _____ days.

* ☐ Arrival time: _____ / ☐ Leaving time: _____

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,

(Parent's signature)

(Class teacher's signature)

(Date)

(Teacher-in-charge's signature)

(Date)

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 verified against the record kept by the school; this letter will be deemed invalid if the signature is not authentic.

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

Students may photocopy this page for use.

Date:

To: The Vice Principal,
Hong Kong True Light College

Dear Sir/Madam,

Re: Letter of Excuse for Absence (Medical Appointment)

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 medical appointment from
_____ to _____ for a total of _____ days.

* ☐ Arrival time: _____ / ☐ Leaving time: _____

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,

(Parent's signature)

(Class teacher's signature)

(Date)

(Teacher-in-charge's signature)

(Date)

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 verified against the record kept by the school; this letter will be deemed invalid if the signature is not authentic.

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

Students may photocopy this page for use.

香港真光書院學生請假用箋（事假）

敬啟者：中 級 班學生 （班號 _____）
茲因（詳述）
由 月 日起至 月 日止，共請假 _____ 天。
* ☐ 回校時間： _____ / ☐ 離校時間： _____
* 退飯：☐ 須 / ☐ 不須
敬祈照准是荷。此致
副校長

家長

班主任簽署： _____ 日期： _____

負責人簽署： _____ 日期： _____

請兩天前具函詳述理由申請，先交班主任簽署，再交 109 室負責人。

* 若半日事假之申請，請在合適的方格內填上✓號。
註：家長印鑑須與存校資料相符，否則此函無效。

學生可影印本頁應用

香港真光書院學生請假用箋（事假）

敬啟者：中 級 班學生 （班號 _____）
茲因（詳述）
由 月 日起至 月 日止，共請假 _____ 天。
* ☐ 回校時間： _____ / ☐ 離校時間： _____
* 退飯：☐ 須 / ☐ 不須
敬祈照准是荷。此致
副校長

家長

班主任簽署： _____ 日期： _____

負責人簽署： _____ 日期： _____

請兩天前具函詳述理由申請，先交班主任簽署，再交 109 室負責人。

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註：家長印鑑須與存校資料相符，否則此函無效。

學生可影印本頁應用

Date:

To: The Vice Principal,
Hong Kong True Light College

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
_____ for a total of _____ days due to _____
_____ (reason of leave).

* ☐ Arrival time: _____ / ☐ Leaving time: _____

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,

(Parent's signature)

(Class teacher'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.

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.

* For half day casual leave, please tick "✓" in the appropriate boxes.

Students may photocopy this page for use.

Date:

To: The Vice Principal,
Hong Kong True Light College

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
_____ for a total of _____ days due to _____
_____ (reason of leave).

* ☐ Arrival time: _____ / ☐ Leaving time: _____

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,

(Parent's signature)

(Class teacher'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.

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.

* For half day casual leave, please tick "✓" in the appropriate boxes.

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