Student Leave Application

Cigu Elementary School, Cigu Dist., Tainan City

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name** | |  | **Student Gender** | | □ **Male**  □ **Female** |
| **Class of Student** | | **Class \_\_\_\_\_\_\_\_ No.\_\_\_\_\_\_\_\_\_** | | | |
| **Applicant** | **Name** | □ Parent  □ Proxy | **If the leave is applied on phone or by an unidentified person, the class teacher will call and confirm with the student’s parent.** | | |
| **Contact Number** |  | | | |
| **Reason for Absence** | |  | | | |
| **Type of Leave** | | □ Personal Leave □ Bereavement  □ Official leave, which shall be requested by the event organizer  □ Sick Leave □ Others: \_\_\_\_\_\_\_\_\_\_ | | | |
| **Date of Leave** | | Month/ Day/ Year  to  Month/ Day/ Year | | | |
| **Signature of Parent** | | **Stamp of**  **Supervisor of Student Affairs** | | **Signature of Principal** | |
|  | |  | |
| **Signature of Class Teacher** | | **Stamp of Director of Educational ＆ Student Affairs Division** | |
|  | |  | |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student Leave Request Form

Cigu Elementary School, Cigu Dist., Tainan City

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| --- | --- | --- | --- |
| Date | \_\_\_\_(Day of the week), \_\_\_\_\_\_MM/DD/YY | | |
| Time of Leaving the School | \_\_\_\_\_:\_\_\_\_\_ a.m./ p.m. | | |
| Reason of Absence | Palm injury | | |
| Name of the Absent Student |  | Class |  |
| Applicant |  | Relationship to the Absent Student |  |
| **□** Approved leaving the school  **□** Student won’t return to school on the same day  **□** Student will return to school at \_\_\_:\_\_\_ a.m./ p.m. on the same day  **※The Class Teacher must contact and confirm with the absent student’s parent (or legal guardian) before approving this request. If the leave is applied on phone or by an unidentified person, the class teacher will call and confirm with the student’s parent.**  **□If the application is done by a proxy, please show his/her proof documents (letter of authorization and ID).**  Signature of the Class Teacher: \_\_\_\_\_\_\_Month/\_\_\_\_\_\_\_ Day | | | |

◎Students may leave the school after this form is signed by the class teacher and handed to the supervisor or director of the school.

First page- Collected by the Class Teacher

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Student Leave Request Form

Cigu Elementary School, Cigu Dist., Tainan City

|  |  |  |  |
| --- | --- | --- | --- |
| Date | \_\_\_\_(Day of the week), \_\_\_\_\_\_MM/DD/YY | | |
| Time of Leaving the School | \_\_\_\_\_:\_\_\_\_\_ a.m./ p.m. | | |
| Reason of Absence | Palm injury | | |
| Name of the Absent Student |  | Class |  |
| Applicant |  | Relationship to the Absent Student |  |
| **□** Approved leaving the school  **□** Student won’t return to school on the same day  **□** Student will return to school at \_\_\_:\_\_\_ a.m./ p.m. on the same day  **※The Class Teacher must contact and confirm with the absent student’s parent (or legal guardian) before approving this request. If the leave is applied on phone or by an unidentified person, the class teacher will call and confirm with the student’s parent.**  **□ If the application is done by a proxy, please show his/her proof documents (letter of authorization and ID).**  Signature of the Class Teacher: \_\_\_\_\_\_\_\_Month/\_\_\_\_\_\_\_\_ Day | | | |

◎Students may leave the school after this form is signed by the class teacher and handed to the supervisor or director of the school.

Stamp by Director of Educational and Student Affairs Division:

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second page- Collected by the Director. The applicant shall submit this form to the class teacher.

Academic Year \_\_\_\_\_\_, \_\_\_\_\_ Semester

Student Official Leave Request

Cigu Elementary School, Cigu Dist., Tainan City

Reason for applying for official leave: Attending **□**Contest **□**Activity of \_\_\_\_\_\_\_\_\_\_\_\_

Venue of the event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of the event: \_\_\_\_(Day of the week), \_\_\_\_\_\_MM/DD/YY, **please approve this leave request, thank you.**

Note: Please assign the homework to the absent student in advance. Thank you.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Grade/ Class | Name of Student | | Signature of Class Teacher | Grade/ Class | Name of Student | | Signature of Class Teacher |
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| Note:   * + - 1. The applicant shall finish the application before taking the official leave. Please fill in the absent students’ names, obtain the signatures of the class teachers, and submit the form to the Office of Student’s Affair for approval.       2. If more space is needed for the absent students’ names, please attach the name list to this form.       3. The leave applicant of relevant supervisor shall be responsible for the absent students’ behavior and safety during official leave. | | | | | | | |
| Stamps from | | | | | | | |
| Applicant | | Section Chief | | Director of Educational ＆ Student Affairs Division | | Principal | |
|  | |  | |  | |  | |