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

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

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

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