



保良局李城璧中學

新界荃灣西柴灣角荃景圍安賢街 12-20 號

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早退申請表

APPLICATION FORM FOR EARLY LEAVE

(申請人請以正楷填寫本申請表。This application form should be completed in BLOCK LETTERS.)

| | | | |
|---|-------------------------------|--|---|
| 學生姓名(英文) Student's name in English : | | 學生姓名(中文) Student's name in Chinese : | |
| 班別 Class : | | 學號 Class No : | |
| 早退日期 Date of Early Leave : | ____年____月____日 yyyy mm dd | 早退時間由 Time from _____ (上午 am /下午 pm) [#] 至 To _____ (上午 am /下午 pm) [#] | 合共時間 Total time: ____小時____分鐘 Hour Mins |
| 早退原因 Reason for Early Leave : Sick / Medical Appointment / Competition / Public Exam / Others [#] _____ | | | |
| 附上證明文件 Attached with supporting documents ¹ : 有 Yes / 沒有 No [#] | | | |
| * <input type="checkbox"/> 醫生證明文件 Medical proof / <input type="checkbox"/> 准考證 Exam admission form / <input type="checkbox"/> 其他證明文件 Other document : | | | |
| 接送人 Picked up by : <input type="checkbox"/> 父 Father <input type="checkbox"/> 母 Mother <input type="checkbox"/> 監護人 Guardian | | | |
| 本人明白敝子弟是次早退會對其學習進度有所影響，本人定必督促其跟進教學進度，並按老師指示完成缺欠的課業。 I understand that taking time off may affect learning progress and that it is my child's responsibility to follow up with teachers regarding anything missed during the absent period. | | | |
| 家長/監護人姓名 Name of Parent/Guardian : | | 家長/監護人簽署 Signature of Parent/Guardian : | |
| 家長/監護人手提電話 Parent/Guardian's Mobile Phone : | | 填表日期 Date of Application : | |

須知 Notes:

- 如早退原因屬病假，必須於復課日後的五個工作天內呈交證明文件，例如醫生證明文件。如早退原因屬事假，則必須於五個工作天前呈交申請表給班主任，並附上證明文件，例如准考證。
If the early leave is related to sick leave, medical proof certified by a medical practitioner should be attached for submission within 5 working days after the student resumes class. If the early leave is related to other leave, submit this form with supporting documents e.g. exam admission form to the Form teacher at least 5 working days before the leave is taken.
- 凡未獲校方批准或未附上相關證明文件的缺席均作曠課論。
Any unauthorized leave will be treated as truanting.

* 請在適當方格內填上「✓」號。Please tick as appropriate.

請刪去不適用者。Please delete as appropriate.