

## **Student Leave Request Form**

(to be filled 3 – 4 weeks before travel) (Chinese Version)

Part A: Student Details							
部分A:学生详情							
Last Name: 姓			First Name: 名				
English Name: 英文名字:			AIS Student ID:				
Class: 班级	☐ Lower Primary ☐ Upper Primary ☐ Middle Years ☐ AISA Year 10 ☐ Year 10 EAP (1)		☐ Year 11 Main ☐ Year 11 Support ☐ Year 11 EAP (1) ☐ Year 11 EAP (2) ☐ Year 12				
Living Arrangement: 居住安排	☐ Parents/Guardian☐ Homestay☐ Boarding House						
Part B: Travel Details 部分B:旅行详情							
Date of Travel: 旅行日期							
Date of Return: 返回日期							
Travel Destination: 目的地							
Reason for Travel: 行原因							
Living Arrangement: 居住安排		☐ Hotel ☐ Parents/Relative					
Address where I am staying: 我居住的地方							
Contact Number of where I am staying: 我居住地的联系电话							
Name of the Person who is caring for							
me:							
照顾我的人的姓名 Contact Number of the Carer:							
照顾 <b>人</b> 员的电话号码							
Email of the Carer:							
照顾 <b>人</b> 员的电子邮件							



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Flight Number: 飞行号码						
Evidence Submitted: 提供的证明材料			et dation booking (if applicabl			
,						
Part C: Parent's Declaration 部分C: 家长声明						
I (parent's name) have given permission for						
(student's name) to travel.						
   我	<b>.</b> <b>我(家</b> 长姓名),已经同意((学生姓名)的					
旅行。		ŕ		·		
Parent's Name:			Contact Number:			
Parents's Signature:			Date:			
Part D: Homestay's Declaration 部分D: 寄宿家庭声明						
I (homestay's Name) already aware that my homestay student						
(student's name) will be travelling to (country) from						
(departure date, DD/MM/YYYY) to (return date,						
DD/MM/YYYY).						
<b>我(寄宿家庭的姓名</b> ), <b>已</b> 经知晓我的寄宿学生 <b></b>						
(学生的姓名)将于			(出发日期·DD/MM/YYY	y) 到		
(返回日期,DD/MM/YYYY)前往(国家)						
旅行。						
Homestay's Name: 寄宿家庭姓名			Contact Number: 联系电话			
Homestay's Signature: 寄宿家庭签名			Date: 日期			

Review: 01/03/2025



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OFFICE USE ONLY - Completed by the Principal					
仅供办公室使用 - <b>由校</b> 长填 <b>写</b>					
Supporting Documents Provided:	<ul> <li>☐ Flight ticket</li> <li>☐ Accommodation Booking (if applicable)</li> <li>☐ Homestay Signature</li> <li>☐ Parents Permission</li> <li>☐ Name of carer at destination (a form of ID provided)</li> <li>☐ Address of carer at destination</li> <li>☐ Contact number of carer at destination</li> <li>☐ Office has checked the number and verified the address</li> </ul>				
☐ Approved	☐ Disapproved				
Principal's Signature:	Date:				

Review: 01/03/2025