**SATIT PRASARNMIT INTERNATIONAL PROGRAMME**

**176 Soi Sukhumvit 23, Wattana, Klongtoey-nue, Bangkok 10110**

**Tel. 02260-9621-3 Fax. 02260-9621 ext. 717**

**Early Leave Request Form**

 Date:……………….……………..........

**Dear Head of Faculty,**

I am ………………………………………………………………….. IP…………………Year…….........

Homeroom teacher…..…….………………………………………………………….............……...……..

I am writing to seek permission to leave the school early on………………......…..……............…............

at………………… until ………………..……… This is absolutely necessary because………….............

……………………………………………………………………………………….…………..............…

My parents / Guardian name ……………………………………………………..…….............……….…

Parents’ contact ……………...………… Confirmed by telephone / □ SMS / □ E-mail / □ Letter

Student Signature …………………………… Admin staff Signature ………………........………

**Teacher signature (The left over period)**

Period …………………………. Signature ………………………………………….

Period …………………………. Signature ………………………………………….

Period …………………………. Signature ………………………………………….

Period …………………………. Signature ………………………………………….

School Approval………………………………….

 (Designation: …………………………………….)

✄----------------------------------------------------------------------------------------------------------------------------------------

**ใบอนุญาตออกนอกบริเวณโรงเรียน**

วันที่ ..............................................................

อนุญาตให้ (ด.ช. / ด.ญ. / นาย / น.ส.) ....................................................................................เลขประจำตัว.......................

ชั้นปี ............ ออกนอกบริเวณโรงเรียนเพื่อ................................................................ตั้งแต่เวลา.............น. ถึง .............น.

ลงชื่อ........................................................ผู้อนุญาต ลงชื่อ..................................................ผู้รับอนุญาต

ตำแหน่ง : ........................................................................... นักเรียน

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**Tel. 02260-9621-3 Fax. 02260-9621 ext. 717**

**Late Form**

Date: …………………………………………………

Time:…………………………………………………

I am………………………………………………………………IP…………………..Year…...........……

Ask for permission to attendant class late because …….........................................………………………..

…………………………………………………………………………………………………………………….………………………………………..……………………….………………………………………

My parents / Guardian name ……………………………………………………..…….............……….…

Parents’ contact ……………...………… Confirmed by telephone / □ SMS / □ E-mail / □ Letter

✄----------------------------------------------------------------------------------------------------------------------------------------

**Dear Teacher Period …………………… Class…………………………………...**

Please allow …………………………………………………………to attend the class as He / She is late because ……………………………………................................................................……………………

……………………………………………………………………………………………………………..

School Approval……..…………………………….

 (Designation: …………..………………………….)

Time: ………………………………

Date: ……………………………….

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**Tel. 02260-9621-3 Fax. 02260-9621 ext. 717**

**STUDENT LEAVE OF ABSENCE FORM**

 Date:……………….……………..........

**Dear Head of Faculty,**

I am (parents name) ………………………………………………………… ……………………………..

I am a parents / guardian of (student name) ……………………………….……………………………….

Student IP ………………. Year …..….Relation with the student ………………………….……………

……………………………………………………………….……………………………………………..

I would like to request for my child’s absence.

Period of Leave of Absence ………………………… Day(s)

Start Date ……………………………….……..End Date …………….…………….……………………..

Due to the following reason ………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

 □ I would like to request any assignment during my child’s absence

Could you please send me via email ……………………………….

 □ If this request approved, I will supervise and ensure my child catches upon all work missed.

Parent / Guardian signature …………………………………

 **○Approved**

 **○Not Approved because** …………………………………………………..…………………………

 School Approval……..…………………………….

(Designation: …………..………………………….)

Time: ………………………………

Date: ……………………………….