

DC	Tsung Tsin Christian Academy	FM-DC-10
Valid Period : 1-9-2024 to 31-8-2025	Application for Special Approval: Hair colour/ Hairstyle/ Wearing Accessory	Page of

To whom it may concern,

As my son/ daughter (name) _____(class: class no.:)

(reason)_____

I request that you kindly acknowledge our application and consider giving my child a special approval. Thank you for your kind attention.

Yours Sincerely,

Parent's signature:_____

Parent's Name:_____

Date: _____

(Please submit this letter to the General Office within 3 schooldays once school resumes. Thank you!)

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敬啟者：

小兒/ 小女（姓名）_____（班別：_____學號：_____） 茲

因 _____，

_____。

現特函向 貴校申報，敬希 查照。

此致

基督教崇真中學

學生家長：_____ 啟

家長簽署：_____

_____ 年 _____ 月 _____ 日

（此申請信須於開學後三天上課天內交回校務處，謝謝！）