

|                                                 |                                                                                        |                 |
|-------------------------------------------------|----------------------------------------------------------------------------------------|-----------------|
| <b>DC</b>                                       | <b>Tsung Tsin Christian Academy</b>                                                    | <b>FM-DC-10</b> |
| <b>Valid Period :<br/>1-9-2025 to 31-8-2026</b> | <b>Application for Special Approval:<br/>Hair colour/ Hairstyle/ Wearing Accessory</b> | <b>Page of</b>  |

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！）