



Make-up Class Form

Student Name : _____

Missed class
Programme Name: _____ Date: _____ Time: _____

This make-up class is required due to:
SICKNESS OVERSEAS TRAVEL OTHERS: _____
*Two make-up classes for each 8-lesson course can be arranged

Date(s) preferred for make-up class

1st priority
Programme Name: _____ Date: _____ Time: _____

2nd priority
Programme Name: _____ Date: _____ Time: _____

Signature of parent/guardian

Date

Office use : Class List Database
Confirmed By _____ (Phone/In-person)
Date: _____