



SIXTH FORM ABSENCE FORM
MINIMUM 48 HOURS NOTICE REQUIRED

STUDENT NAME.....

SIGNATURE OF PARENTTUTOR GROUP.....

SIGNATURE OF HEAD OF YEAR / ASSISTANT PRINCIPAL

DATE/S ABSENT:

PLEASE INDICATE LESSON/S AFFECTED:

Reg		Lesson 1		Lesson 2		Lesson 3		Lesson 4		Lesson 5		Lesson 6	
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REASON FOR ABSENCE	PLEASE TICK	DETAILS
Holiday (unauthorised)		
Interview (J)		
Medical/dental appointment which cannot be made outside of lesson time (M)		
Educational Visit (V)		
University Visit (J)		
Work Experience (W)		
Driving Test (C)		
Other reason (please give details) (C/P)		

It is your responsibility to speak to the teachers of the lessons missed and collect & complete work as necessary.

Subject	Work Collected Y/N	Signature of Teacher

Please hand completed form to a member of the Sixth Form Team

Office use only
 Date received:

Data input: