

## YEAR 12 SIXTH FORM PROPOSED ABSENCE FORM

This form should be completed at least **48 hours** before the proposed absence. **For medical/dental appointments please hand straight to Mrs Everist (no tutor signature required)**

Name			
Form and Tutor			
Date of Proposed Absence			
Reason for Proposed Absence			
Length of time out of school and time of appointment			
Evidence seen <input type="checkbox"/>	Parental contact made <input type="checkbox"/>	Discussion with HoY <input type="checkbox"/>	
Date received	SIMS <input type="checkbox"/>	Spreadsheet <input type="checkbox"/>	

Tutor time	Tutor	
	Tutor's signature	
Period 1	Subject	
	Teacher	
	Subject Teacher's signature	
Period 2	Subject	
	Teacher	
	Subject Teacher's signature	
Period 3	Subject	
	Teacher	
	Subject Teacher's signature	
Period 4	Subject	
	Teacher	
	Subject Teacher's signature	
Period 5	Subject	
	Teacher	
	Subject Teacher's signature	

Form Tutor's signature	Mr Lawrence's signature	Mrs Everist's signature