**YEAR 12 SIXTH FORM PROPOSED ABSENCE FORM**

This form should be completed at least **48 hours** before the proposed absence. **If your absence relates to a medical/dental appointment, please hand straight to Mrs Everist (no tutor signature required)**

|  |  |
| --- | --- |
| NAME |  |
| Form and Tutor |  |
| Date of Proposed Absence |  |
| Reason for Proposed Absence |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 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 |  |
| Mrs Lattimer’s signature |  |
| SF Admin’s signature |  |
| Date | SIMS  | Spreadsheet |