**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 □ | Parental contact made □ | Discussion with HoY □ |
| Date received | SIMS □  | Spreadsheet □ |

|  |  |  |
| --- | --- | --- |
| 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 |
|  |  |  |