This form must be completed and returned to Mrs Devereux in her office.

Requests made less than a week before an absence may be refused — so be organised!

Name: ____________________________ Form: ____________________________

Dates of absence: ____________________________

Reason for absence (include an explanation as to why you could not go out of school hours):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Subjects:—

1. __________________________________________

2. __________________________________________

3. __________________________________________

4. __________________________________________

5. __________________________________________

Staff signatures agreeing to absence:—

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Form Tutor’s Signature supporting student absence: ____________________________

Parental signature supporting student absence: ____________________________

Date: ____________________________