

Sawtry Village Academy

REQUEST FOR ABSENCE (POST 16)

(To be returned to the Sixth Form Office at least 2 days before the requested absence)

NAME:

TUTOR GROUP:

Dates for which leave of absence is required:

Date From:

To:

If you will be absent for only part of the day, please state which periods you will be missing:

Periods:

Reason: (Please be specific, supporting evidence may be required)

Student signature:

Date this request was made:

To the student: You must obtain the signature of all staff who will be affected by your absence.

To Staff: Please indicate below if there will be any detrimental effect on the student's progress as a result of the absence.

Subject	Work to be completed	Staff signature
Parent's Signature		
Mr Hill's or Miss Hay's Signature		

RETURN TO HAYLEY'S DESK IN THE SIXTH FORM CENTRE

Please check you have put your name on this form before you hand it in!