

## Notification of Absence Form

(To be completed and signed at least 2 days prior to absence)

**Full Name (Please print):** ..... **Tutor Group:** .....

**Date(s) of Absence:** .....

**Reason for Absence:** Please state specifically – evidence will be required before absence is authorised.

Please tick if absence is due to an event organised by the Millennium Centre

Please tick if you are claiming the Post-16 Bursary

Take the form to each of the teachers whose lessons you will miss and collect their signatures.

### Missed Lessons

Period	Subject	Teacher	Teacher Signature

### Information for University/Job Interviews

University Being Visited.....

Company Interview with.....

Course(s) you are researching.....

Grades Required for the course(s)/job(s).....

Your Predicted Grades.....

## POSSIBLE EVIDENCE REQUIRED FOR AUTHORISED ABSENCES

Reason for absence	Example of evidence
Medical appointment	Appointment card/letter from GP Surgery
Need to look after family member or another person student has caring responsibilities for	Letter/note from parents/carers
University visit	Letter from university or confirmation of Open Day date
Appointment with a Connexions Personal Adviser	Appointment card
Work Experience placement which is part of a course, and which is unpaid	Confirmation from subject tutor
Significant extra-curricular activity, such as drama, music, sport, or volunteering	Letter/note from parent/carer or other relevant party
Funeral	Letter/note from parent/carer
Practical driving test	Test date notification
An emergency involving a family member or another person student has caring responsibility for (eg sudden severe illness)	Letter/note from parent/carer

- I can confirm this is a genuine reason for absence.
- (For Bursary students only) – I understand that if this does not later prove to be the case, my entitlement to the Post-16 Bursary may be withdrawn.

**Student signature:** ..... **Date:** .....

**Parent/Guardian signature:** ..... **Date:** .....

**Tutor signature:** ..... **Date:** .....

**Head or Deputy Head of Centre Signature:** ..... **Date:** .....

For Office Use	
Evidence supplied?	YES / NO
Absence Authorised?	YES / NO
Visit?	YES / NO

**HAND THIS FORM IN TO MRS KERR IN THE CENTRE OFFICE, LITTLEOVER SITE, AT LEAST 2 DAYS PRIOR TO INTENDED ABSENCE**