

Planned Absence Form

Name			
Tutor Group			
Date(s) for planned absence			
Reason for absence (please tick)	Medical <input type="checkbox"/>	Interview <input type="checkbox"/>	
	Dental <input type="checkbox"/>	Open Day <input type="checkbox"/>	
	Personal <input type="checkbox"/>	Other <input type="checkbox"/>	
	Religious <input type="checkbox"/>		
Please provide additional information regarding absence (This box should NOT be left blank)			
Signature of Parent/Carer			
Full name of Parent/Carer			
Declaration (signed by student)	I understand it is my responsibility to ensure any work that I have missed due to my absence is caught up including any homework or coursework that has been set. Signed by student:		
Tutor permission (please sign)	Approve	Reject	Refer to LT
LT permission (please sign)	Approve	Reject	
Office Use ONLY	Permission received? <input type="checkbox"/> iSAMS code applied? <input type="checkbox"/>		

Form should be returned to the School Office with a signature from Parent or Carer
AT LEAST 1 day in advance of your absence

Where possible and appropriate, please attach confirmation of absence to this form eg, email confirmation of booking, medical appointment card