



DEREHAM SIXTH FORM COLLEGE

NOTIFICATION OF PLANNED ABSENCE FROM COLLEGE

(For reasons other than personal sickness)

To be completed **AT LEAST 2 DAYS** before expected absence

IT IS YOUR RESPONSIBILITY TO INFORM YOUR TEACHERS OF THIS PLANNED ABSENCE AND COLLECT ANY WORK.

NAME: _____ YEAR GROUP: _____

DATE(S) FOR WHICH ABSENCE IS BEING TAKEN: _____

TIME : _____ TO: _____

(Enter times if absence is for part of a day)

Evidence MUST be supplied at the time of submitting this form

REASON	Please tick	Evidence Required
Higher Education Interview		Interview letter/parent letter
College/University Open Day		Parent/Guardian letter
Hospital/Doctor/Dentist Appointment		Appointment Card/Parent letter
Funeral		Parent/Guardian letter
Court Appearance		Written evidence
Driving Test		Appointment letter/card
Other (Give details)		Written evidence required

STUDENT SIGNATURE: _____ DATE: _____

FOR OFFICE USE

EVIDENCE SUPPLIED: YES: NO:

ABSENCE AUTHORISED YES: NO:

FEEDBACK TO STUDENT/PARENT YES: NO:

Signed: _____ DATE: _____