
Advanced Request for Leave of Absence from College

Student Name: _____ Student ID: _____

Personal Tutor: _____ Senior Tutor: _____

This form must be completed for any requests for time off college for reasons other than illness. Once completed this form needs to be returned to the Attendance office.

First day of absence: _____ Day returning to College: _____

Please select the type of leave:

Evidence is required for **ALL** requests, this must be attached.

- Holiday** (Please explain why holiday is being taken in term time)

If the request for holiday is longer than two days. The student must ask their teachers to sign this form to show they agree to the request. Any holiday, even one day, will not be authorised unless this form has been completed in advance.

- Medical** (Operation, recovery, etc.)

- Other:** Please specify

- Any additional information**

Parent/Guardian Signature:

Date:

Personal Tutor Signature:

Date:

It is important to note that this may result in unauthorised absence marks if we decline your request. This will lead to being placed on Stage 0 due to falling below our minimum expectation of 95%.

For staff use only:

Attendance Office:

Attendance %:

Punctuality %:

Concerns raised:

Subject:	Staff name:	Signature:
Work set:		

Subject:	Staff name:	Signature:
Work set:		

Subject:	Staff name:	Signature:
Work set:		

Additional notes/concerns:

Leave of Absence: Granted Declined

Assistant Principal Student Services Signature: Date:
