

**Ripley St Thomas CE Academy Sixth Form
REQUEST FOR AUTHORISED ABSENCE FORM**

Student Name		Year group AND Registration Tutor	
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I request absence for:

Tick	Absence	Specify Establishment, location, details etc
	University Open Day	
	University Interview	
	Apprenticeship Interview	
	Medical Appointment	
	Driving test	
	Other	(Please state reason)

Evidence will be required before authorisation is granted.

Date(s) and time(s) of Absence	
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Where applicable, add times			
I will sign in at	I will sign out at	I will return at	Other:

I give permission for my child's absence for the above and understand that I will be responsible for his/her welfare during the day.

Signed _____ **Parent/Carer**

**You must submit this form, and evidence, to Mrs Quagliana in advance of the request.
Attendance % will be taken into consideration before authorisation.**

For Office Use Only	
Form Received	
Evidence provided	
Authorised by Attendance Officer	
Tutor informed	
Entered on Synergy	
% overall session attendance	
Entered on 'Attendance/Auth Abs/Yr 12&13'	