



WILMSLOW HIGH SCHOOL: SIXTH FORM ABSENCE AUTHORISATION FORM

Student Name:.....Form:.....Date:.....

I request absence for:

University Open Day	<input checked="" type="checkbox"/> as appropriate
Taster Day	<input type="checkbox"/>
Interview	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please state reason.....

University Name: Department Visiting.....
Permission for University Open Day will only be granted if a weekend date is not available

Date(s) Attending:

1. Please fill out below the lessons you will be missing.
2. You must ask permission from your subject teachers and catch up on work missed.
3. Please ask your form tutor, subject teacher, parent/guardian and Mr Williams to sign the form to authorise your absence.

Period	Subject	<i>I do/do not give my permission Please state</i>	Teacher's Signature
1			
2			
3			
4			
5			
6			

I give permission for my son/daughter to attend the event listed above and understand that I will be responsible for his/her welfare during the day.

Signed: Parent/Guardian

Signed: Form Tutor

Signed: Mr H Williams

You must submit this form to Mr Williams at least TWO days before the date of the visit and will only be considered if your attendance is over 95%.

For Office Use Only	
Attendance percentage	