



WILMSLOW HIGH SCHOOL

SIXTH FORM ABSENCE AUTHORISATION FORM

Student Name: _____ Form: _____ Date: _____

I request absence for

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

If other, please state reason _____

University name and department _____
(permission for University Open Days will only be granted if a weekend date is not available)

Date attending: _____

1. Please complete the table below with the lessons you will miss.
2. You MUST ask permission from your subject teachers and catch up on any work you miss.
3. Please ask your Form Tutor, subject teacher, parent/guardian and Mr Williams to sign the form to authorise your absence.

Period	Subject	I do/do not give permission (please state)	Teacher's signature
1			
2			
3			
4			
5			
6			

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

Parent signature _____

Form Tutor signature _____

Mr Williams' signature _____

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

For Office use only	
Attendance %	