ABSENCE FORM

This form **MUST** be completed for **ANY** absence from CLF Post 16.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | Year group |  | | |
|  |  |  |  |  | | |
| First date of absence | (inclusive) |  |  |  | | |
|  |  |  |  | | | |
| Return date |  |  | Whole day | □ | Half day | □ |
|  |  |  |  | | | |

|  |
| --- |
| **Please note**: It is **YOUR** responsibility to ensure that you catch up on any work missed. |

Please tick the reason for your absence below. If you tick “other”, please specify the reason for your absence.

**ILLNESS – UNPLANNED ABSENCE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Anxiety/stress/depression |  |  | Food poisoning | | | |  |
| Asthma |  |  | Headache/migraine | | | |  |
| Back problems |  |  | Skin disorder | | | |  |
| Blood disorders (e.g. anaemia) |  |  | Stomach bug | | | |  |
| Bone injury, fracture |  |  | Surgical procedure | | | |  |
| Chest and respiratory problems |  |  | Urinary or gynaecological problems | | | |  |
| Cold, cough, flu-like symptoms |  |  | Other (you must specify below) | | | |  |
| Compassionate - bereavement |  |  |  | | | |  |
| Dental problems |  |  |  | | | |  |
| Eye problems |  |  | Did you consult a doctor? | Yes |  | No |  |

**If you are unwell for longer than five days you will be required to produce a Doctor’s note.**

**APPOINTMENTS – PLANNED ABSENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Higher education interview |  |  | Driving test (**NOT** driving lesson) |  |
| College/university open day |  |  | Other (you must specify below) |  |
| Hospital/doctor/dentist appointment |  |  |  |  |
| Funeral |  |  |  |  |

I declare that the above statement is true and accurate to the best of my knowledge.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student signature |  |  | Date |  |

**Please return this form to the Post 16 office**

**Office use only**: Is this absence authorised? Yes / No